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**TB CARE I**

# **TB CARE I - Indonesia**

**Year 2  
Quarterly Report  
July-September 2012**

**October 31, 2012**

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## Abbreviations

ACDA	Advance Course of DOTS Acceleration
ACSM	Advocacy, Community and Social Mobilization
AIDS	Acquired Immunodeficiency Syndrome
APA	Annual Plan of Activity
ART	Anti Retroviral Therapy
Askes	Asuransi Kesehatan (Health Insurance Company)
ATM	AIDS, Tuberculosis, Malaria
ATS	American Thoracic Society
	Balai Besar Laboratorium Kesehatan (Grand Office of Health Laboratory)
BBLK	
BLK	Balai Laboratorium Kesehatan (Office of Health Laboratory)
BoE	Board of Executive
BPOM	Badan Pengawas Obat dan Makanan (Food and Drug Administration)
	Bina Pelayanan Penunjang Medik (Medical Laboratory Support Services)
BPPM	
BPPSDM	See BPSDM
	Badan Pengembangan Sumber Daya Manusia (Human Resource Development Unit)
BPSDM	
BSC	Biological Safety Cabinet
BUK	Bina Upaya Kesehatan (Directorate of Medical Services)
C/DST	Culture/Drug Sensitivity Test
Cat	Category
CCM	Country Coordinating Mechanism
CDR	Case Detection Rate
CHAI	Clinton Health Access Initiative
CPT	Cotrimoxazole Prevention Therapy
DHO	District Health Office
	Direktorat Jenderal Pemasyarakatan (Directorate of Correctional Services)
Ditjenpas	
DIY	Daerah Istimewa Yogyakarta (Yogyakarta Special Region)
DKI	Daerah Khusus Ibukota (Capital Region)
DMP	Data Management Plan
DMU	Data Management Unit
DOTS	Direct Observed Treatment - Short Course
DRS	Drug Resistance Surveillance
EQA	External Quality Assurance
EQAS	EQA System
e-TBM	e-TB Manager
EXPAND-TB	Expanding Access to New Diagnostics for TB
FHI360	Family Health International 360
FLD	First Line Drug
FM	Faculty of Medicine
GDF	Global Drug Facility
GF	Global Fund
GLC	Green Light Committee
HCW	Health Care Worker
HDL	Hospital DOTS Linkage
HIV	Human Immunodeficiency Virus
HQ	Head Quarters
HRD	Human Resource Department
IAI	Ikatan Apoteker Indonesia (Indonesian Pharmacists Association)
IC	Infection Control
IDAI	Ikatan Dokter Anak Indonesia (Indonesian Pediatricians Association)
IEC	Information, Education, and Communication

IMA	Indonesian Medical Association
IPT	Isoniazide Prevention Therapy
IUATLD	International Union Against Tuberculosis and Lung Disease
Jamkesmas	Jaminan Kesehatan Masyarakat (Social Security and Health Insurance)
	Jaminan Sosial Tenaga Kerja (Social Security and Health Insurance for Employee)
Jamsostek	
JATA	Japan Anti Tuberculosis Association
JSI/DELIVER	John Snow International
Kanwil Kumham	Law and Human Right Health Office
	Komite Akreditasi Rumah Sakit (National Committee of Hospital Accreditation)
KARS	
KFT	Kidney Function Test
LED	Light Emitted Diode
LFT	Liver Function Test
LQAS	Lot Quality Assurance Sampling System
M&E	Monitoring and evaluation
MDR	Multi Drug Resistant
MIFA	Management Information for Action
MO	Medical Officer
MoH	Ministry of Health
MoLHR	Ministry of Law and Human Rights
MoT	Modification Tracker
MoU	Memorandum of Understanding
MSH	Management of Science for Health
MTB	Mycobacterium tuberculosis
MTB/RIF	Mycobacterium tuberculosis/Rifampicin resistant
NAD	Nangroe Aceh Darussalam
NAP	National AIDS Program
NGO	Non-governmental Organization
NPO	National Program Officer
NRL	National Reference Laboratory
NTP	National Tuberculosis Program
OJT	On the Job Training
OR	Operational Research
	Persatuan Ahli Penyakit Dalam Indonesia (Indonesian Internists Association)
PAPDI	
PC	Personal Computer
PCA	Patient Centered Approach
PHO	Provincial Health Office
PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV
PMDT	Programmatic Management of Drug Resistant Tuberculosis
PMU	Project Management Office
PPM	Public Private Mix
	Perkumpulan Pemberantasan Tuberkulosis Indonesia (Indonesian Tuberculosis Elimination Association)
PPTI	
PtD	People to Deliver
	Pusat Data dan Informasi (Center of Data and Information Ministry of Health)
Pusdatin	
Puskesmas	Pusat Kesehatan Masyarakat (Public Health Center)
QA	Quality Assurance
Q	Quarter
QUOTE TB	Quality of Care as seen through the Eyes of the Patient
RAN	Rencana Aksi Nasional (National Action Plan)
RR	Recording and Reporting
RS	Rumah Sakit (Hospital)
SEARO	South East Asia Regional Office

SIKDA	Sistem Informasi Kesehatan Daerah (Regional Health Information System)
SITT	Sistem Informasi Tuberkulosis Terpadu (Integrated Tuberculosis Information System)
SLD	Second Line Drug
SMT	Senior Management Team
SOP	Standard Operating Procedure
SRL	Supranational Reference Laboratory
SSF	Single Stream Funding
TA	Technical Assistance
TB	Tuberculosis
TBCTA	Tuberculosis Coalition for Technical Assistance
TOR	Term of Reference
TORG	Tuberculosis Operational Research Group
TOT	Training of Trainer
TWG	Technical Working Group
UGM	Universitas Gadjah Mada
UI	University of Indonesia
UKBM	Upaya Kesehatan Berbasis Masyarakat (Public Based Health Services)
USAID	U.S. Agency for International Development
WG	Working Group
WHO	World Health Organization

## Quarterly Overview

<b>Reporting Country</b>	<b>Indonesia</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	<b>ATS, FHI 360, JATA, MSH, The Union, WHO</b>
<b>Date Report Sent</b>	31 October 2012
<b>From</b>	Dr. MA Hamid Salim
<b>To</b>	USAID/Jakarta
<b>Reporting Period</b>	<b>July-September 2012</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	85%
2. Laboratories	92%
3. Infection Control	62%
4. PMDT	75%
5. TB/HIV	90%
6. Health Systems Strengthening	74%
7. M&E, OR and Surveillance	67%
8. Drug supply and management	85%
<b>Overall work plan completion</b>	<b>79%</b>

### Most Significant Achievements

#### GeneXpert Implementation

MoU signed for 8 GeneXpert sites on 10 July 2012 during National TB M&E meeting in Lombok. Among 1700 cartridges procured in APA1, 1213 were used. The remaining 587 cartridges will expire in October 2012, however Cepheid has provided new barcodes to extend the expired date until mid December 2012.

#### Hospital DOTS Implementation

397 hospitals (46%) among 901 hospitals in TB CARE I areas are currently implementing DOTS with TB CARE I support. This exceeds target for APA2 (44%). DOTS implemented by hospitals were assessed using hospital DOTS assessment tool developed by TB CAP and found that 189 (48%) hospitals are implementing good and moderate quality DOTS practice.

#### Isoniazid Prophylaxis Treatment

Four IPT pilot sites (Hasan Sadikin, Marzuki Mahdi, Ciptomangunkusumo and Persahabatan hospital) have completed enrolment of 197 out of planned 200 PLHIV. Technical assistance to the hospitals will be provided further to assure adherence of the patients and monitoring occurrence of active TB. The important challenges faced for the implementation of the IPT are: time required for rulling out active TB, and weak internal coordination in some hospitals.

#### TB Control in the Prison

Five provincial offices of Ministry of Law and Human Right signed agreement for TB-HIV and TB control in prisons. The letter of agreement covers commitment to conduct annual TB mass screening, to facilitate availability of isolation room, provide access to TB and HIV treatment, improve network with Provincial and District Health Office, etc.

### Summary of Activity and Achievements by Technical Area

The activities conducted in this quarter and achievements are presented below per technical area:

#### 1. Universal Access

This technical area comprises activity related to DOTS implementation, private engagement to TB program (public-private mix/PPM), TB in prison and TB program in low performance provinces. Continuing support to improve and expand PPM implementation was provided to hospitals, lung clinics, and other health facilities such as prisons and detention centers. Besides achievements in hospital DOTS as mentioned earlier, services also provided to 20 selected prisons, resulting in all of these prisons conducting TB screening to their inmates. To date, 30,941 inmates are screened, among them 417 are diagnosed for TB and all of them are put on treatment. Assistance was also focused to remote and low performing provinces to improve their capacity to provide quality DOTS through local-specific strategy such as community-based TB screening.

#### 2. Laboratory Strengthening

Quality assurance (QA), laboratory networking and implementation of new diagnostic technology are focus on this technical area. TB CARE I provided support for a variety of QA means such as panel testing for microscopic, culture/drug sensitivity testing (C/DST), and TB/HIV laboratories and also the implementation of new sampling method for EQA microscopic called LQAS (Lot Quality Assurance Sampling). In APA-2, TB CARE I support LQAS training/workshop in 2 provinces (Bangka Belitung and Riau Islands province). Therefore in total 14 provinces were trained for LQAS. Among them, 11 already started the LQAS implementation and the rest are still in preparation phase. TB CARE I piloted a system called e-File in 7 districts in West Java province to assist province and district with this QA method.

During this quarter, TB CARE I provided technical assistance (TA) to prepare four additional laboratories (Microbiology UGM, BLK Semarang, BLK Papua and Adam Malik Hospital) for C/DST panel testing. TA is provided by SNRL to establish a mechanism of networking for NRL through the involvement of Medical Support Directorate of MoH, TB Laboratory working group and EXPAND-TB project. Achievements related to GeneXpert implementation is highlighted above.

### **3. TB Infection Control (IC)**

Progress was made during the quarter for TB-IC in prison, including the finalization and dissemination of TB-IC in prison guidelines, development of TB-IC in prison assessment tool and the assessment to 20 prisons and also the revision of TB-IC guidelines in health facilities. All of these activities were done in coordination with Directorate General of Correctional System (Ditjenpas) Ministry of Law and Human Rights (MoLHR). In accordance to PMDT expansion, in-house training was conducted for PMDT hospitals, PMDT satellite hospitals, Puskesmas and workplaces in 5 provinces (DKI, West Java, Central Java, East Java and South Sulawesi). The renovation of five PMDT hospitals in five provinces and 12 health centers in two provinces is in progress.

### **4. PMDT (Programmatic Management of Drug Resistant-TB)**

Support was provided for day-to-day PMDT operation in 6 sites. The support includes sputum handling, transportation of sputum, laboratory examination, and side effect management during treatment as well as initial hospitalization to start treatment. During this quarter 100 MDR patients were diagnosed and 80 of them were put on treatment. By the end of this quarter, a cumulative of 109 MDR-TB patients are cured (cumulative number).

Other activities conducted this quarter are: dissemination of PMDT to high ranking health officials along with other MDGs related health programs (Malaria, Mother and Child Health, HIV/AIDS), and national PMDT monitoring and evaluation meeting.

### **5. TB-HIV Collaboration**

National and provincial level TB-HIV working group meeting took place in the quarter, resulting in national TB-HIV planning and provincial TB-HIV planning. TB CARE I also provided support on the development of IEC materials for sputum collection. The materials will be delivered to NTP to be used in TB prevalence survey and distributed to healthcare facilities.

Several mentoring activity had been provided by TB CARE I to 9 provinces related with TB-HIV diagnosis and treatment procedures and development of networking mechanism between HIV unit and PMDT. As a result of this continuous mentoring activity, 2344 HIV patients were screened for TB, among them 292 were confirmed TB, and 283 were put on treatment. While for TB patients, the figures are as follows:

TB patients known they are HIV positive before TB treatment: 137; TB patients tested for HIV: 923; Total HIV+ positive among all above: 418; Total given ART among above: 187. As stated earlier, IPT enrollment is completed by the end of this quarter.

### **6. Health System Strengthening**

TB CARE I supported the strengthening of health system through several channels like advocacy, community and social mobilization (ACSM), exit strategy preparation, development of human resource plan for PMDT, etc.

To strengthen ACSM capacity in provincial and district level an update of ACSM training curriculum and module was done. The module has been developed during TB CAP and already used by NTP for ACSM training. The updated module and curriculum were used in ToT of ACSM training followed by 23 participants (11 males, 12 females) from 20 provinces that will act as part of provincial training team. They will support the ACSM training to increase stakeholder commitment in TB program.

Additional data to develop the TB costing analyses are being collected. This information will be a component of NTP's GFATM exit strategy. This is a continuation of activity in previous quarter.

Advanced training on DOTS acceleration (ACDA) phase 1 was conducted to increase TB programmers' skill on making assessment of TB program performance in their working area. The second phase of this training is on going field work to collect data of each area (PMDT, TB HIV, PPM, etc) based on the checklist. and will be followed by presentation of their finding in ACDA third phase in APA3. Following up was also being done for the implementation of HRD plan implemented in 6 provinces by the support of TB CARE I. Other activities in this technical area include TB refresher course to medical school lecturers to follow up the plan to include TB in medical school curriculum.

TB CARE I will support the participation of 32 staff members (gender) to International Union Against Tuberculosis and Lung Diseases conference in Kuala Lumpur, Malaysia this November 2012. TB CARE I will also support the participation of 2 people to the 2nd Global Symposium of Health System Research in Beijing, China in November 2012.

### **7. M&E, Surveillance and Operational Research**

TB CARE I provided TA on the development of guideline on HIV surveillance among TB patients. This activity will be followed up with advocacy meeting to PHO of sentinels and preparation of logistic and staff training. In terms of data management, this quarter TB CARE I assisted NTP with data validation in July 2012. DRS sentinel surveillance protocol was finalized and will be used for DRS sentinel expansion in 2013.

SITT implementation is continuous. As the result of TB CARE I assistance, now all 33 provinces are implementing SITT. TB data are available for 1st and 2nd quarter of 2012 for more than 91% and 73% of all districts in Indonesia (respectively).

#### **8. Drug Management**

During quarter four, pursuant of the overall TB CARE objective of creating a sustainable and uninterrupted drug supply, the following activities were finalized: the development of a final version of the TB QA the Point of Entry manual, the settling of the GFATM condition precedent involving the relocation of the SLD from an MoH facility to an outsourced warehouse, an active contribution to the central warehouse assessment, including discrete sections addressing finance and systems and the development of a provincial-level warehouse assessment tool (based on the central level model).

Additionally, SLD management training was delivered to representatives from PMDT sites in West Java and North Sumatra; e-TBM training delivered to three provinces, the e-TBM handbook was revised and collaboratively updated, together with the TB CARE partners and is now available in softcopy (only), plus various hardware procurements to upgrade the systems at the e-TBM sites were completed.

#### **Technical and Administrative Challenges**

During this quarter, all partners were aiming to speed up implementation of APA 2 in order to complete most of the planned activities, however this was in the end quite a challenge as NTP also had many GF activities to implement in the same period.

Filling in some key technical positions also is still a challenge. This led to inability to implement work plan optimally. During this time, TB CARE I partners senior management team was also focused on APA3 planning to meet the deadlines although this proved to be difficult to achieve in the time given.

Limited satellite treatment sites to enhance decentralized treatment for PMDT in a situation with limited ward capacity to hospitalize PMDT patients at the initial stage was an additional barrier for prompt enrolment of PMDT cases diagnosed through Xpert.

#### **Overall Work Plan Completion Status**

At the end of this quarter of APA2, progress of overall work plan completion is 79%. The completion of each technical area varies from 62% for infection control to 92% for laboratory. Considerable efforts were made by all partners to speed up the work plan implementation to achieve these results. However, the budget completion was 63%.

There are multiple factors contributed to the low work plan completion. The delay of APA2 approval resulted in limited time for implementation of activities. Changes of NTP plan also impacted to the interlinked TB CARE I supported activities, such as the piloting of e-TB manager for FLD management and training database development. Some scheduled international TA were cancelled by NTP, visit of Netty Kamp for ACSM and Max Meis for TB-IC for instance. Delay in PMDT expansion also has made several activities postponed.

#### **Global Fund Status Update**

Currently GF ATM SSF is implementing phase 1 since July 2011 until December 2013. Currently GF has allocated fund for the preparation, assessment and implementation of PMDT expansion. This funding includes SLD procurement in central level. GF also allocates some funding for GeneXpert cartridge procurement, this procurement however is in progress.

TB CARE I continues providing technical assistance to NTP MoH as GF primary recipient to achieve the targets for GF condition precedents in June 2013.



## Quarterly Technical Outcome Report

Technical Area 1. Universal Access							
Expected Outcomes							
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Centered Approach)							
Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		
1.1.1 Updated information available on the quality of services from a patients' perspective	No	2011	yes	2012	No	Generic PCA tools and questionnaire are ready to use. One research assistant and 5 enumerators are recruited to conduct the data collection, analysis and prepare the report.	This activity delayed due to other priority of NTP. Activity is expected to finish in December 2012.
1.1.2 Cost to patients for TB diagnosis is measured	No	2011	Yes	2012	No	While data on cost to patients for TB diagnosis will be obtained with PCA (see above), currently cost effectiveness study was conducted in Central Java and the result is expected to be available after the ongoing process of additional data collection on TB promotional budgets.	A new TB costing model will be developed, as opposed to modifying the existing WHO TB Planning and Budgeting tool. Advantahes to this new tool are tailored to Indonesia's decentralized system, will be able to calculate the costs of the TB program for each component of the TB treatment algorithm and will be able to be used at the sub-national level.
1.1.3 Patients' Charter is implemented 1 = Officially adopted/translated The Charter 2 = Piloting of The Charter 3 = Scaling up The Charter implementation	1	2011	2	2012	1	No activity was done this quarter	Patient's Charter implementation is under local NGO as GF sub-recipient. TB CARE I is providing TA by request.

Expected Outcomes
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1.2 Increased quality of TB services delivered among all care providers (Supply)

Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		
1.2.5 Percentage of hospitals implementing DOTS among general hospital serving TB patients in TBCARE I areas	38%	2010	42%	2012	397/901 (44%)	Among these 397 hospitals, 189 (48%) are implementing good and moderate quality DOTS practice. Types of support provided are technical support, on the job training, supervision to selected general hospitals and lung clinics.	TBCARE I is providing support to increase the DOTS quality in hospitals through intensive technical assistance, supervision, and on the job training by 12 technical officers in 9 provinces.
1.2.6 Percentage of prisons conducting screening for TB in TBCARE I areas	34%	2010	55%	2012	20/20 (100%)	During the last quarter, TB CARE I provided TA to 4 prisons in Jakarta to conduct the second annual mass screening, hence all of the 20 prisons completed their annual TB screening.	The challenge in some prisons are the capacity of the referral PHC to perform the sputum exams for all suspects. Next month TB CARE I will put efforts in facilitating the complete sputum exams for all suspects identified.
1.2.7 Number of health insurance agencies that provide coverage for TB	1	2010	3	2012	3	Three health insurance parties (Askes, Jamsostek and Jamkesmas) are now involved in supporting their clients for TB diagnostics and treatment since January and there is no activity conducted this quarter to address this outcome indicator.	Target achieved. No significant challenges found, no more activities planned in APA2 to address this expected outcome indicator.
1.2.8 DOTS included in standard for hospital accreditation	No	2011	yes	2012	Yes	DOTS is included in standard for hospital accreditation launched officially by the Minister of health in February 2012. There is no activity conducted this quarter related to this indicator.	Challenge is to ensure the quality of hospital accreditation as published by National Committee for hospital accreditation, to meet national TB control standards.

## Technical Area 2. Laboratory Strengthening

### Expected Outcomes

2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients

2.1.1 A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP <u>Score definition</u> 1 = Laboratory strategic plan is ready but no annual implementation plan and budget available for the current year. 2 = Laboratory annual implementation plan and budget is available for the current year 3 = NTP annual report for the current year includes a section demonstrating progress with the implementation of the laboratory strategic plan.	Score 1	2011	Score 2	2012	Score 2	TBCARE I support to the implementation of lab strategic plan was extensive. TA was provided for the optimal functioning of national reference labs (NRLs), expansion of new method for laboratory quality assurance (LQAS), preparation, implementation and monitoring of panel testing for microscopic lab, also for the preparation of NRL renovation.	TBCARE I will continue its support by finalizing the work mechanism and plan of action for NRLs, continue TA and capacity building for NRLs functioning optimization, support LQAS expansion and renovation as part of quality improvement.
2.1.2 Laboratories with working internal and external quality assurance programs for tests that they provide including: a) smear microscopy, b) culture, c) DST, and d) rapid molecular test.	a) 30% b) 5/46 (11%) c) 5/5 (100%) d) N/A	2011	a) 40% b) 8/46 (17%) c) 5/5 (100%) d) 17/17 (100%)	2012	a) 2104/3822 (41,7%) b) 10/46 (22%) c) 5/5 (100%) d) 5/17 (29,4%)	9 labs (Microbioloy UI, Persahabatan Hospital, BLK Bandung, BLK Surabaya, NHCR Makassar, Microbiology UGM, BLK Semarang, BLK Papua and Adam Malik Hospital) will go through panel test in 2012. TBCARE I provided support to make this panel test possible, including TA from SNRL and panel test import legalization.	IMVS SA Pathology, Australia as Supranational Reference Lab to send the EQA panel test to the forementioned 9 labs on October 2012.
<b>Expected Outcomes</b>							
2.2 Ensured the availability and quality of technical assistance and services							
<b>Outcome</b>	<b>Baseline</b>		<b>Target</b>		<b>Result</b>	<b>Highlights of the Quarter</b>	<b>Challenges and Next</b>

Indicators	Data	Year	Data	Year	Y2		Steps to Reach the Target
2.2.1 Technical assistance visits from a SRL through a formal link of memorandum of agreement	Recent visit: 09-27 May 2011	2011	3 visits, 71 days in total	2012	3 visits as per 30 September 2012 Total effective days of visit: 47 days Total days of visit: 65 days	The latest technical assistance by Richard Lumb, TBCARE laboratory consultant from Supranational Reference lab, IMVS, Adelaide, Australia is being delivered from 17 September 2012 and will end 10 October 2012. TA is being provided to 1) develop NRL working mechanism in 3 NRLs (BBLK Surabaya, BLK Bandung, Microbiology UI), 2) assess 2 labs for ATM center of excellence (BLK Aceh and BLK Jayapura), 3) review readiness of 3 labs for TB prevalence survey (Health Research and Development, BBLK Jakarta, NHCR Makassar).	Next visit due December 2012 (APA3)

Expected Outcomes							
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans							
Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		
2.3.1 New technologies have been introduced	1) TB Culture: 46 labs 2) FL DST: 5 labs 3) SL DST: 5 labs 4) Hain= 3 labs 5)GeneXpert= 0 lab	2011	1) TB Culture: 46 labs 2) FL DST: 5 labs 3) SL DST: 5 labs 4) Hain= 3 labs 5)GeneXpert= 17 labs	2012	1) TB Culture: 46 labs 2) FL DST: 5 labs 3) SL DST: 5 labs 4) Hain= 3 labs 5)GeneXpert= 5 labs	Support was provided to improve EQA result of BLK Jayapura, the lab EQA result indicated that the lab is very close to be C/DST quality assured. Support was also provided to BBLK Jakarta, resulted in substantial improvements on C/DST practice quality.	TBCARE I will support BLK Jayapura to repeat its participation in panel testing to ensure that the lab can function as C/DST lab. TBCARE I will also continue to provide intensive C/DST training for BBLK Jakarta to prepare for EQA panel test.

2.3.2 Laboratories offering rapid tests for TB or drug-resistant TB	1) Hain = 3 labs 2) GeneXpert= 0 lab	2011	1) Hain = 3 labs 2) GeneXpert= 17 lab	2012	1) Hain = 3 labs 2) GeneXpert = 5 labs	Support is being delivered to 5 operational GeneXpert sites since March 2012, i.e.: 1. Microbiology UI 2. RS Persahabatan, Jakarta 3. RS Moewardi, Solo 4. RS Soetomo, Surabaya 5. RS Hasan Sadikin, Bandung TBCARE I support signing of MoU between MoH and next 8 GeneXpert sites have been done on 10 July 2012 during National TB money meeting in Mataram, NTB. 1. RS Saiful Anwar, Malang 2. RS Labuang Baji, Makassar 3. BLK Bandung 4. BBLK Surabaya 5. RS Sanglah, Bali 6. NEHCRI, Makassar 7. Microbiology UGM 8. RS Adam Malik, Medan	The implementation of GeneXpert was not conducted as planned since GeneXpert placement only can be done at sites where treatment of MDR TB already available or at least have linked with MDR TB treatment centre. Speed up expansion of PMDT will open possibility to expedite implementation of GeneXpert as well TBCARE I will continue providing support for site assessment to ensure readiness of other GeneXpert sites and also on site training and machine installation to sites that meet GeneXpert requirements.
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2.3.3 Rapid tests conducted	Hain 185 tests GeneXpert 0 tests	2011	Hain 185 tests GeneXpert 1500	2012	Hain 535 tests 1015 GeneXpert tests conducted by the end of September 2012	Result of GeneXpert: - MTB (+) Rif Sus: 390 - MTB (+) Rif Res: 254 - MTB (-): 420 - MTB (+) Rif Indeternined: 44. Among 1700 procured cartridges, 1213 were used for 1110 suspect examination, 43 used for repetition due to error, etc., 60 were used for training. This left 587cartridges remaining at the end of September 2012. Expired date of these cartridges is 16 December 2012.	To increase the number of cases diagnosed with GeneXpert, it is needed to improve suspect referral for GeneXpert testing by strengthen linkage between HIV and DOTS clinics and between DOTS clinics and surrounding clinics. However, this should be followed by an increase in treatment capacity. In the future, to ensure that all cartridges is used and to minimise unused cartridges, procurement will be arrange accordingly by order the cartridge in certain number. For example TBCARE 2nd procurement only 1000 cartridges which will be used for 4 months.
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### Technical Area 3. TB Infection Control

#### Expected Outcomes

##### 3.1 Increased TB IC Political Commitment

Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		
3.1.1 National TB- IC guidelines have been approved and disseminated in accordance with the WHO TB IC policy	Yes	2010	Yes	2012	Yes	National TB IC guideline is finalized and currently being legalized by NTP as national reference to TB IC.	Target achieved.
3.1.2 TB- IC measures included in the overall national IPC policy	Yes	2011	Yes	2012	Yes	TB IC is included in Minister Decree since 2007. However, TBCARE I has been providing support to include DOTS to accreditation standards.	Target achieved.

#### Expected Outcomes

### 3.2 Scaled-up implementation of TB-IC strategies

Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		
3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system	7	2010	12	2012	11	In-house training was conducted for hospitals in 5 provinces. However, the status of TB IC implementation is not yet known, assessment due APA3.	The result of TB IC in house trainings supported by TBCARE I in APA2 will be monitored in APA3. It is expected that trained hospitals will implement good practice of TB IC.

### Technical Area 4. PMDT

#### Expected Outcomes

#### 4.1 Improved treatment success of MDR

Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		
4.1.1 TB patients, suspected of MDR, dying between request for lab examination and start of MDR treatment Indicator Value: Percentage Numerator: The number of TB patients (Cat I, Cat II) with confirmed HR or R resistance, who died between the date of the lab request and the start of MDR treatment Denominator: The total number of TB patients (Cat I, Cat II) with confirmed HR or R resistance.	Confirmed MDR TB 427, Died while waiting: 29(6.8 %)	2011	Confirmed MDR TB 790, Died while waiting<5%	2012	75/970 (7.7%)	Among 970 cumulative confirmed cases from the start of PMDT in 2009, 75 died while waiting for treatment. These are obtained from monthly patient census.	PMDT recording and reporting is still an issue. An M&E meeting will take place in October to fix this issue. Treatment delay still happen due to the long process to enrollment.

<p>4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment</p> <p>Indicator Value: Percent</p> <p>Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since)</p> <p>Denominator: Total number of MDR patients who started treatment in the cohort.</p>	MDR TB enrolled 180, converted within 6 months treatment: 139 (75.6%)	2011	MDR TB enrolled 700, converted within 6 months treatment: >75%	2012	MDR TB enrolled 413, converted within 6 months 58.1% (240 out of 413)	Among 413 patients eligible for 6 months culture conversion rate at the end of June 2012, 240 were converted. These are cohort data (TB.11)	See above
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4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture Indicator Value: Percentage Numerator: Number of MDR TB patients in a cohort who completed a course of MDR treatment and who fit the WHO criteria for cure or completed treatment Denominator: Total number of MDR patients who started treatment in the cohort	MDR TB patients enrolled: 44, cured: 8 (18.2%), treatment completed 2.3%, died 40.9%, defaulted 29.5% and failed 9.1%.	2011	MDR TB cure rate 80%	2014	MDR TB cure rate 70.3% (109 out of 155)	These data are cohort. Cumulative number of patients put on treatment by the end of December 2010. Among a total of 155 patients put on treatment by the end of December 2010, 109 were cured (70.3%), 3 completed treatment (2%), 17 defaulted (11%), 6 failed (3.8%), and 20 died (12.9%)	See above
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## Technical Area 5. TB-HIV Collaboration

### Expected Outcomes

#### 5.1 Strengthened prevention of TB/HIV co-infection

Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year			
5.1.2 Facilities that are providing HIV prevention message at TB services	90%	2011	100%	2012	73/73 (100%)	All of the TB CARE supported facilities have been trained for HIV counseling.	TB CARE I staffs will continue to mentor all facilities to assure that the health staffs perform PITC according to national standard.

### Expected Outcomes

#### 5.2 Improved diagnosis of TB/HIV co-infection

Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year			

5.2.1 HIV-positive patients who were screened for TB in HIV care or treatment settings	65%	2010	75%	2012	2344/3045 (77%)	Mentoring to facilities, evaluation of TB-HIV indicator results and plan of actions were conducted to maintain achievements.	Continue TA to facilities, DHO, and PHO particularly on service delivery and recording reporting.
5.2.2 TB patients with known HIV status	6%	2010	15%	2012	963/6218 (15%)	In addition to that, 283 TB patients already known their status before TB treatment, that makes 20% of TB patients registered known their HIV status. Mentoring to facilities, evaluation of TB-HIV indicator results and plan of actions were conducted to maintain achievements.	National guideline recommends to test all TB patient for HIV only in Papua and West Papua province, although in some of facilities which receive TA support from TB CARE put efforts in testing for all TB patients. Next step is to continue TA to facilities, DHO, and PHO particularly in Papua to increase HIV testing to TB patients.
5.2.3 TB patients who are HIV positive	2%	2010	5%	2012	139/963 (14%)	The percentage is high because in all areas in Indonesia (except Papua), HIV testing is performed for those who are identified to have risk of HIV. This indicator is not suitable for Indonesia, therefore this indicator will not be used in APA3 afterwards.	See above

#### Expected Outcomes

5.3 Improved treatment of TB/HIV co-infection

Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		

5.3.1 Registered HIV infected TB patients receiving ART during TB treatment	30%	2010	40%	2012	186/418 (44%)	The percentage increased from last quarter (38%). During this quarter, TB CARE I staffs provided mentoring to facilities to increase referral to ART hospital for those who are diagnosed HIV, and to record those who received ART in TB form. Mentoring to ART units were also provided to assure the staffs to follow national guideline to provide ART to TB patients as soon as TB drugs are well tolerated irrespective of CD counts.	Continue TA to facilities, particularly to ART units to assure the staffs to follow national guideline to provide ART to TB patients as soon as TB drugs are well tolerated irrespective of CD counts. DHO, and PHO particularly on service delivery and recording reporting.
5.3.2 HIV-positive TB patients who receive CPT	60%	2010	80%	2012	344/418 (82%)	This resulted from the mentoring to facilities, evaluation of TB-HIV indicator results and plan of actions	Continue TA to facilities, both TB and HIV unit to remind them to provide CPT for all TB patients who are HIV diagnosed and record it in TB and HIV forms.

Technical Area 6. Health System Strengthening							
<b>Expected Outcomes</b>							
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners							
Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		
6.1.1 TB care and control strategic plan embedded within national health strategies, including quantifiable indicators and budget allocations	yes	2010	yes	2012	yes	No activity was conducted this quarter to support the achievement of this indicator.	TBCARE I assisted the development of the exit strategy document. See Quarterly Overview part.
6.1.2 Government budget includes support for anti-TB drugs	yes	2010	yes	2012	yes	No activity was planned or conducted this quarter to support the achievement of this indicator.	No challenges
6.1.3 CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups	yes	2010	yes	2012	yes	No activity was planned or conducted this quarter to support the achievement of this indicator.	No challenges
<b>Expected Outcomes</b>							
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components							
Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		

6.2.2 Status of HRD strategic plans implemented Indicator value: 1 = HRD strategic plan is ready but not yet officially incorporated in country strategic plan 2 = NTP has HRD implementation plan and budget for the current year 3 = NTP annual report for the current year includes a section demonstrating progress with the implementation of the HRD strategic plan	0	2011	3	2014	2	NTP has developed an annual HRD implementation plan and budget for current year, however, NTP not yet produce annual report for the current year includes a section demonstrating progress with the implementation of HRD strategic plan due to lack of HRD data base system available.	NTP with support from TB CARE partners will develop: 1. National document of HRD development in Indonesia to documenting progress on HRD since 2010 (launching of HRD action plan) 2. One module in the SITT will be developed special for HRD, so the NTP could monitor the real HR situation in the field and develop annual training plan.
6.2.3 People trained using TB CARE funds	446 Female: Male:	2011	500 Female: Male:	2012	931	Quarter 1 and 2 : 198 (not divided by gender) Quarter 3: 255 trained (Male 92, Female 163) Quarter 4: 478 trained (Male 210, Female 268)	Gender breakdown is only available for third quarter onwards.

Technical Area 7. M&E, Surveillance and Operational Research							
Expected Outcomes							
7.1 Strengthened TB surveillance							
Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		

7.1.1 An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels Indicator Value: Yes/No	Yes	2005	Yes	2011	Yes	TBCARE I is intensively and continuously providing assistance to NTP for developing SITT (tuberculosis information system) consisting of case-based and logistics module. To date, SITT is implemented in 33 provinces. TB data are available for 1st and 2nd quarter of 2012 for more than 91% and 73% of all districts in Indonesia (respectively).	Until the end of APA2, SITT development will focus on revision of the software and algorithm of data management. Support includes finalization of manuals and master plan. Preparation of next phase starts in quarter 4, includes developing modules of laboratory, HRD, and private sector.
7.1.3 Surveillance data are internally consistent Indicator Value: Percent (per quarter) Numerator: Number of complete reports received from DOTS clinics per quarter in one calendar year. Denominator: Total number of DOTS clinics in the country.	TBD	2010	TBD	2011	TBD		

Expected Outcomes							
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program							
Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		
7.2.1 National M&E plan is up-to-date	Yes	2011	Yes	2012	Yes	National M&E plan is being implemented. The latest update was April 2011.	NTP is planning to update their M&E plan next year.
7.2.2 NTP provides regular feedback from central to lower levels	100%	2009	100%	2012	100%	Feedback was provided from NTP to provinces through mechanism of M&E meeting, conducted July 2012.	Feedback from provinces to districts is not measured. This will be part of the further development of (phase 2)













7.2.3 A data quality audit at central level has been conducted within the last 6 months	Yes	2010	Yes	2012	No	No data quality audit was conducted during APA2. TB data quality was maintained through regular supervision and data validation to health facilities, district level, and provincial level from respective supervising level.	No activity planned.
<b>Expected Outcomes</b>							
7.3 Improved capacity of NTPs to perform operational research							
Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y2		
7.3.1 OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	0	2010	2	2012	0	Currently 4 OR studies are being conducted and another study is still in subcontracting process.	These studies are expected to finish in APA3.


<b>Technical Area 8. Drug Management</b>							
<b>Expected Outcomes</b>							
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs							
Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
	Data	Year	Data	Year	Y1		

8.1.1 Quarterly national stock information available Indicator Value: Number (as months of stock for FLDs and SLDs separately)	FLD: cat1 350,232 kits (14,8 months), cat2 5,787 kits (9.1 months), child 24,867 (1.4 months) SLD: Ethambutol (213,696), Pyrazinamid (207,000), Kanamycin (7,450), Capreomycin (4,402), Levofloxacin (151,900), Etionamide (329,400), Cycloserine (327,400), PAS (9,510), B6 (437,000) The minimum month of stock availability for FLD and SLD: 4 months	2011	FLD : cat1 397,501 kits, cat2 9,801 kits, child 44,668 kits SLD : Ethambutol (2,419,200), Pyrazinamide (2,419,200), Kanamycin (81,000), Capreomycin (27,000), Levofloxacin (1,905,120) Ethionamide (1,814,400), Cycloserine (1,814,400), PAS (181,440), Vit B6 (1,814,400)	2012	<b>As per 31 June 2012</b> FLD Cat 1 287.330 kits (11,3 months); Cat 2 5.332 kits (8.5 months); Child 45.335 kits (15.8 months) SLD Ethambutol = 133.459 tbl ( 6 month) Pyrazinamide = 168.094 tbl ( 6 month), Kanamycin = 35.734 vial (9 month), Capreomycin = 2.522 (5 month), Levo = 206.564 (6month), Ethionamide = 142.192 tab ( 6 month), Cycloserine = 145.302 tab ( 6 month), PAS = 12.070 sachet (8 month), Vit B6= 198.586 tab (8	TBCARE I provided assistance in procurement quantification and order quantification. Data as per 30 September 2012 will be available at the end of October 2012.	Redistribution among facilities done to address drug overstock in facility level.
8.1.2 Updated SOPs for selection, quantification, procurement, and management of TB medicines available Indicator Value: Yes/No	no	2010	yes	2012	Yes	No activity was conducted this quarter to address this indicator. SOP for selection, quantification, procurement, and management of FLD and SLD are available.	The long process of SLD clearance and distribution remains a challenge
8.1.3 Diagnosed MDR patients who cannot be put on treatment due to stock-out of second-line anti-TB medicines Indicator Value: Number of patients	0	2010	0	2012	0	No MDR patients could not be put on treatment due to SLD stock-out.	Stock-out was reported for Pyrazinamide, Capreomycin and Levofloxacin in central level. This was caused by custom process. Drugs are expected to be released early in October 2012. However, no stock-out was reported in lower levels with drug redistribution among hospitals.






## Quarterly Activity Plan Report



1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Continue support for existing PPM activities and expansion of hospital DOTS implementation	KNCV	87,787	 100%	Sep	2012	To date, TB CARE I has been providing technical assistance to 397 public and private hospitals across 8 provinces (West Sumatra, DKI, West Java, Central Java, DIY, East Java, West Papua, Papua). 189 (48%) of them implement good or moderate quality of DOTS practice. In terms of PPM, currently 6 provinces (the 8 above minus Papuas) are starting PPM implementation. The implementation of PPM will engage more private hospitals, private practitioners, laboratory, pharmacy, and workplace.
	1.1.2	Strengthen/ development of DOTS team in hospital	KNCV	5,249	 100%	Sep	2012	Discussion to strengthen and consolidate hospital DOTS team was done for hospitals in 8 provinces (West Sumatra, DKI, West Java, Central Java, DIY, East Java, Papua and West Papua). The team will be the first line on TB management in the hospitals. This activity is followed up by supervision and technical assistance by KNCV/TBCARE I PPM/HDL TOs in respective province. Strong hospital DOTS team contributes to the improvement of success referral rate and hospital contribution to TB case finding.
	1.1.3	To develop SOP (Standard Operating Procedure) for the Army ( Army, Air Force, Navy, Police) Hospitals DOTS Linkage	KNCV	8,736	 0%	Jun	2012	This activity is supported by GF funding
	1.1.4	To establish external linkage among Lung Clinics, District Health Office and Provincial Health Office in East Java	KNCV	4,304	 100%	Feb	2012	This activity is allocated for external linkage establishment in Central Java in February 2012, resulting in commitment of Lung Clinics, DHO and PHO to improve cure rate, success referral rate and CDR, also to lower MDR-TB risk through various following up steps, i.e. assistance in advocacy, utilization of mailing list, coordination between DHO and lung clinics, etc.
	1.1.5	Printing and distribution of PPM model	KNCV	6,307	 0%	Sep	2012	This activity is cancelled by NTP
	1.1.6	Organize workshop to develop a tool and methods for DOTS accreditation of hospitals	KNCV	8,676	 100%	Mar	2012	DOTS accreditation tool was finalized. This tool will then be printed and distributed to be used for HDL, PPM and accreditation training.
	1.1.7	Socialization of Accreditation Guidelines	KNCV	12,582	 100%	Mar	2012	Accreditation guidelines was socialized to 11 provinces, provincial hospital association (PERSI) and Sub Directorate of Accreditation in 21-22 Mar 2012. Hospitals will prepare the accreditation for DOTS, while TB CARE I will follow up by assisting the hospital, based on assessment and priority setting.
	1.1.8	Advocate existing NGOs to expand community based DOTS screening strategy and provide technical assistance.	WHO	7,543	 100%	Sep	2012	Technical assistance was provided to PHO in 4 provinces (East Nusa Tenggara, Riau Islands, West Nusa Tenggara and Central Kalimantan) by National Consultant to increase capacity of PHO to manage the involvement of NGO in their respective areas. The most recent TA was provided in Central Kalimantan in early August, resulting in development of action plan which will be implemented in APA 3 period.
	1.1.9	Rapid village survey/contact tracing of TB cases	WHO	21,776	 50%	Aug	2012	On going process, preliminary ground work have been completed for East Nusa Tenggara and West Nusa Tenggara. New schedule have been proposed by ENT PHO (4th week of Oct 2012) and WNT PHO (2nd week of Dec 2012) to NTP.
	1.1.10	Assessment of prison for PMDT	FHI	956	 100%	Mar	2012	Assessments were done in Cipinang narcotic prison and RS Pengayoman. In RS Pengayoman, the team reassessed the readiness of the hospital to initiate MDR patient treatment. Eventhough the director of hospital was formally appointed, the progress were slow (sputum microscopy examinations are not conducted anymore, in-patient ward for MDR patients are not prepared). Slow progress is affected by the fact that no operational budget for waste management and no budget for renovation and clean up the building/rooms are available. TB CARE I brought the findings to Director of Health and Care of Correction institution MoLHR and advocated to speed up the preparation.
	1.1.11	PMDT training for prison staff	FHI	5,438	 50%	Sep	2012	TB CARE facilitated on the job training (OJT) on MDR management for Pengayoman Hospital Staffs on August 27th-30th, 2012. OJT was held at Persahabatan Hospital (as Pengayoman Referral center) with 4 participants, 2 doctors and 2 nurses (1 male, 3 females). Follow up: mentoring for PMDT in Pengayoman hospital. The SOP for PMDT in prison setting was drafted during APA2, and the prisons as satellite of PMDT have just been appointed by Ministry of Laws and Human Rights, Directorate of Correction Institution (MoLHR-- Ditjenpas Kemenhukham), hence PMDT training for these prisons will be conducted in Q1, APA3. Note: Pengayoman hospital is now treating 3 MDR patients from prisons in West Java.
	1.1.12	TB Medical Standards Workshop	KNCV	23,475	 50%	Sep	2012	Preparation meeting was conducted in coordination with professional organization to establish an ad-hoc committee. This committee will be responsible for the drafting, finalization and dissemination of the TB medical standards due in the last week of October 2012.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date

1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.1	Conduct situation assessments for PPM	KNCV	17,996		100%	Jul	2012	PPM situation assessment was conducted in 4 provinces (West Sumatra, DIY, East Java, and Central Java).
	1.2.2	Organize PPM Workshop	KNCV	12,626		100%	Jun	2012	All 4 provinces (DIY, Central Java, West Sumatra, East Java) has completed PPM workshop as the initial step of PPM implementation. The workshop aimed to increase understanding of stakeholders about PPM.
	1.2.3	Establish provincial PPM team	KNCV	6,622		100%	Jul	2012	PPM team consisting of hospital association, profession organization, PHO, DHO, and local NGOs was developed for all 4 planned provinces (DIY, West Sumatra, East Java and Central Java). The team will be the think-tank of the PPM implementation in their respective area.
	1.2.4	Support hospital DOTS linkage meeting with all care provides in the selected cluster	KNCV	23,117		100%	Sep	2012	External HDL linkage meeting was conducted for Kebumen cluster in 19 July 2012 and attended by 53 participants from DHO, hospitals, Puskesmas and lung clinics. Another meeting was also conducted for Demak cluster in 12 September 2012 and attended by 39 participants from the alike institutions. The meeting resulted in recommendation on TB patients management according to ISTC and to improve the quality of TB related data recording.
	1.2.5	Strengthen Provincial PPM Team	KNCV	7,358		75%	Sep	2012	Meetings among provincial PPM team were conducted in PPM sites to generate plan of action, to coordinate and discuss issues in PPM implementation.
	1.2.6	To establish linkage between Insurance Parties and NTP	KNCV	2,742		100%	Mar	2012	Agreement with national worker security system (Jamsostek) is updated and agreement with one biggest public insurance party (Askes) is established.
	1.2.7	Develop PPM Model & PPM SOP	KNCV	3,882		0%	Sep	2012	This activity was not conducted. See activity 1.1.5.
	1.2.8	Engage private sector in TB care and control	ATS	127,244		100%	Sep	2012	District-wide M&E meetings were held as follows: on Jul 17 for Central and West Jakarta, on Aug 1 for East and North Jakarta, and on Aug 14 for South Jakarta and attended by PDPI PPM team, participants (private pulmonologists), District Health Office, Provincial Health Office, and NTP, to discuss TB case recording and reporting by participant, barriers to reporting and recording and foster problem-solving by the relevant organizations. Hospital directors were also invited. Outcomes: 1. The Jakarta Provincial Health Office will simplify the process for participating hospitals to get FDC program drugs (hospitals can sign MoU with the PHO and submit request through the TB Admin). 2. Data still show low sputum smears, especially for monitoring (most frequent reason is inability of patients to produce sputum), but specialists are committed to improve this. 3. The Jakarta PHO conducted training on how to conduct sputum smears for lab personnel not previously trained by PHO on Sept 10, 2012 4. Some hospitals are sending personnel to attend meetings to establish external networks with the PHO (to improve loss to follow up rate). 5. A suggestion to follow up: provision of form for chest radiographs (checklist of minimal/extensive lesion, +/- infiltrates, +/- cavities, etc) to complement diagnostic data of patients with negative smear. 6. There is still little buy in from hospital management, with scant attendance during the district meetings, so addressing limitations caused by the hospital setting is still a challenge.
	1.2.9	Technical Assistance to the Global Fund round 10.	ATS	77,778		100%	Sep	2012	Technical assistance was provided to the Indonesian Medical Society on the development of a steering committee; recruitment and training activities to engage private providers
	1.2.10	Revised national strategy on TB control in correctional system	FHI	1,335		100%	Mar	2012	The follow up meetings were facilitated by TBCARE I, attended by NTP, Ditjenpas, DKI PHO, Kanwil Kumham (Law and Human Rights Office) and TBCARE I. Result of discussion was that National Action Plan (RAN) will be developed, instead of revising the national strategy on TB control in prison. RAN were considered since it will describe and provide break down of the national strategy in more detail. TB-HIV algorithm in activity 1.2.11 will also be included in the RAN document. RAN was approved, printed and distributed.
	1.2.11	Workshop of TB and HIV algorithm for correctional system	FHI	789		100%	Mar	2012	See above (1.2.10)
	1.2.12	Workshop of TB and HIV SOP for correctional system	FHI	4,158		100%	Mar	2012	The workshop of SOP for medical management in the prison settings was conducted with National budget (APBN), on 9-11 July, in Jakarta. TB CARE participated in the workshop, advocated, and drafted the SOP for TB-HIV as one part of the whole SOP. The SOPs were field tested in Class 2A Prison, Tangerang, Banten, Sept 24, with 3 facilitators from Ditjenpas and TB CARE. Result: the SOPs were feasible, however to implement the SOP, further coordination and commitment from prison management, as well as good network with PHO (Provincial Health Office) will be needed.
	1.2.13	Socialization of TB and HIV program in correctional system for 10 new prisons	FHI	48,209		100%	Mar	2012	The socialization/advocacy meeting was conducted in 1 - 3 March 2012, Bandung. Participants: 75 Persons This activity resulted in Plan of Action including screening for all inmates, training for tamping (inmates volunteer), block leader and prison staffs, intensified case finding for PLHIV, HIV testing for TB patients, pre-release and post-release activities in 2012 was finalized. Follow up with Kanwil and prisons for the implementation of activities.
	1.2.14	Sub-agreement with 1 local NGO to work on TB and HIV in prisons in Jakarta	FHI	19,698		100%	Sep	2012	During this quarter, Partisan which works in Jakarta prisons (Cipinang, narcotic Cipinang, Cipinang detention center and Salemba) provided pre-release preparation for 35 inmates who have TB and TB-HIV. Partisan also assured that 6 inmates who have TB continued their treatment in Kampung Bambu, Grogol, and Duren Tiga Primary Health Centers. Another 3 inmates with TB were transferred to Cipinang Class 1 prison, and Cipinang narcotic prison and continued their TB treatment there. Eleven (11) inmates continued their ART in ART facilities (RSCM, PPTI, YPI clinic, and other prisons). Six (6) inmates were referred to NGO working for harm reduction. In addition to these, case management services were provided for 17 inmates, and 68 inmates participated in the support group meeting, facilitated by Partisan staffs.











1.2.15	Implementation of TB and HIV program in 16 prisons	FHI	50,373	100%	Sep	2012	<p>- Second round of TB mass screenings were conducted in 4 DKI Jakarta Prisons (Salemba, and Cipinang complex), and completed in September. As many as 560 TB suspects were identified from 8272 inmates that were asked whether they have TB symptoms. About 100 suspects had their sputum examined with negative sputum result, and the remainings are still waiting for the sputum examination.</p> <p>- Coordination and network meetings were conducted for Central Jakarta prisons, East Jakarta prisons, Gintung, Paledang and Cibinong Prisons. In Gintung, the focus was for preparation of mobile x-ray. In Paledang and Cibinong, the focus was for preparation of 2 MDR patients that will be released before their MDR treatments are completed.</p> <p>- Education for Parole officers were conducted in Semarang, Central Java, August 2. Parole officers could play role in post-release and assuring complete TB treatment outside the prison.</p>
1.2.16	Clinical mentoring and program monitoring in 20 prisons	FHI	36,226	100%	Sep	2012	<p><b>West Java:</b></p> <p>- OJT for TB microscopy and HIV rapid lab were provided by TB CARE staffs to Gintung Prison (Cirebon, West Java, 30-31 July 2012), and Cibinong Prison (Cibinong, West Java, 1-3 August 2012). Gintung Prison at the beginning did not perform TB and HIV laboratory, as the result of continuous advocacy from TB CARE, the prison's lab already started to examine sputum samples.</p> <p>-OJT in Cibinong was a respond to a very limited capacity of the sputum exam per week. After OJT which involved inmate volunteers to perform sputum fixation, in less than 1 month, as many as 112 TB suspects can be examined by Labkesda.</p> <p>- Clinincal mentoring was conducted on August 6-7, in Bandung, with 17 participants (10 F, 7 M) from Paledang, Bekasi, Gintung, Banceuy, Cibinong Prisons, Kanwil, Dinkes, Hasan Sadikin hospital and Provincial Health Lab.</p> <p>During the meeting, prisons presented TB-HIV cases for discussion of further management of the patients. The new guideline for ART was also presented.</p> <p><b>North Sumatra:</b></p> <p>- Mentoring was conducted in Tanjung Gusta prison, and Labuan Deli Detention Center, September 3 and 10, respectively. The mentoring was focused in the strategy to achieve complete coverage in mass TB screening, and to engage health staffs and inmate volunteers more in TB and TB-HIV collaborative</p>
1.2.17	Supervision from Directorate of Correctional Services to 20 prisons	FHI	18,015	100%	Jun	2012	<p>TB and TB-HIV program Supervision from Ditjenpas was conducted in 20 prisons, involving NTP, PHO, DHO, and Kanwil. The level of TB and TB-HIV implementation was various between prisons. Feedback and recommendation which include testing for all TB patients with HIV risk factors or other clinical considerations, to perform HIV rapid test, to provide CPT, and updated recommendation regarding TB-HIV treatment, etc, were given to the health staffs and advocated to the health of prisons/detention centers.</p>
1.2.18	TB-HIV Collaboration Workshop; PITC; TB - HIV Record Report	FHI	90,009	100%	Mar	2012	<p>TB microscopic and HIV rapid test training for Prison Staffs (9 – 16 September 2012), in Bandung, West Java. Assessment was conducted prior to the training to identify which prisons do not have trained staffs for TB and HIV lab. The training was aimed to provide skill for the health staffs in order to provide lab services in the prisons allowing for faster and more diagnosis. The facilitators were from Bandung Provincial Lab, NAP (National AIDS Program), Ditjenpas and FHI 360. Participants: 30, 15 F, 15 M</p>
1.2.19	Workshop lesson learned and sharing experience from 20 prisons	FHI	20,832	100%	Sep	2012	<p>The workshop was held in Bandung, West Java, 26 – 28 Sept 2012. The participants were DG of correction, Ditjen PAS, Kanwil, Head of prisons and DCs, doctor from Prisons, NTP, NAP, Provincial Health Offices, KNCV. Objectives of this workshop were to share lesson learnt and best practice from prison's experience in TB control, appreciation for the commitment, support and hard work from prison system to the TB-HIV program. During this workshop two books were launched: TB-HIV strategic plan 2012 – 2014 and TBIC guideline in prison. Letter of commitment (attached) to support for TB control and TB-HIV program were also signed by 5 Provincial Offices of MoLHR (Kanwil).</p>
1.2.20	Logistic for case detection	FHI	8,649	100%	Mar	2012	<p>Lab supplies to fill the gap of TB microscopy testing in Pengayoman Hospital and other prisons were procured</p>
1.2.21	Support sputum collection booth for 10 prisons	FHI	7,587	100%	Mar	2012	<p>Sputum collection booth are being distributed to 20 prisons.</p>







	<b>1.2.22</b>	Workshop sincronization of TB and HIV reporting with MoLHR Health's reporting	FHI	2,003		100%	Jun	2012	FHI 360 facilitated the process to sincronize the available TB and TB-HIV data in the NTP and Ditjenpas. The meeting was held on 25 September 2012, with 5 participants from NTP, GF, Ditjenpas, and FHI 360. Result/interesting issues: The discrepancy between NTP and Ditjenpas data was caused by: - The data reported by prisons (those who are not supported by TB CARE) to Ditjenpas were not using the standard format - Many District TB managers when reporting to NTP did not include the data reported by prisons Follow up: • Ditjenpas will follow up with assuring the letter to request prisons to report according to national standard is accepted by the prisons (TB CARE supported and not supported) • TB CARE to continue its support to improve prisons' record and report • Ditjenpas and NTP will list the prisons which already have TB control/DOTS • A follow up meeting will be conducted in October 2012 to verify prisons national data.
	<b>1.2.23</b>	Evaluation and recording process at existing 10 prison	FHI	18,234		100%	Mar	2012	Workshop to evaluate and socialize the revised recording and reporting for TB and TB-HIV were held for 10 prisons (Lapas Salemba, Lapas Cipinang, Rutan Cipinang, Lapas Narkotika Cipinang, Lapas Bekasi, Lapas Gintung, Lapas Paledang, Lapas Pekalongan, Lapas Malang, Lapas Madiun) and Provincial Office of MoLHR. Result: - Challenges in the RR process were identified and addressed, which are: there was no clear guidance on what to report, to whom the report should be submitted, when and how to record. Formal letter from Ditjenpas was also requested by Kanwil to disseminate the required RR to other prisons that are not supported by TB CARE.
	<b>1.2.24</b>	Regular coordination meeting on TB and HIV with MoLHR and MoH	FHI	2,792		100%	Sep	2012	TB CARE participated in the coordination meeting among donors initiated by Ditjenpas, using TGF budget in National AIDS Commission. The meeting was conducted in Jakarta, 24 September. Ditjenpas would like to coordinate support and activities from donors and also planning for getting to zero (GTZ). The GTZ pilot will be testing 20,000 of inmates in 53 prisons, some of the prisons are TB CARE supported prisons. Participants were from TB CARE, HCPI, National AIDS commission, Ditjenpas and 33 Kanwil.
	<b>1.2.25</b>	Technical Assistance to low performance provinces and districts	WHO	17,137		100%	Jun	2012	Since the last reporting period, meeting were held with WNT and C Kalimantan - PHOs. Plan of action for meetings and trainings have been developed. Performance of these provinces and expected improvement will be reviewed during National Money Meeting in January 2013.
	<b>1.2.26</b>	Improve DOTS in 4 low performance provinces	WHO	116,626		100%	Sep	2012	In country travel for national consultant is an ongoing activity. The expected outcome for this activity is TA by national consultant to improve DOTS for improvement in performance.
	<b>1.2.27</b>	Provide Technical Assistance	WHO	12,306		100%	Sep	2012	In country travel for MO as ongoing activity and completed as planned. The expected outcome of this activity is TA by MO-TB to improve DOTS for improvement in performance.
	<b>1.2.28</b>	Provide Technical Assistance to NTP and Province Health Offices	KNCV	6,967		100%	Sep	2012	This activity comprises of technical assistance provided by TB CARE I PPM focal point to NTP and PHO by requests and as necessary.
	<b>1.2.29</b>	supporting GeneXpert implementation in prisons	FHI	17,176		75%	Sep	2012	Continuous advocacy from TB CARE resulting in the assignment of official hospital director of Pengayoman hospital and finally had their operational budget from national budget (APBN). Eventhough there were some progressess in the hospital, the placement of GeneXpert in the hospital is pending for reassessment by the GeneXpert team (Sanne/Richard Lumb).

	<b>1.2.30</b>	Training on supervisory skills for HDL supervisors	WHO	33,771	 100%	Sep	2012	Training was conducted in South Sumatra (Palembang district) and Banten province to get agreement on HDL TB supervisor who will be involved in periodic supervision to district hospital implementing DOTS and also an agreement of district hospital DOTS that will be supervised periodically. 3 PHO staffs and 5 hospitals DOTS supervisor in Banten province has been trained by 3 national facilitators (NTP, WHO, IMA). 3 PHO staff and 6 hospitals DOTS supervisor from hospitals in South Sumatera have also been trained by 2 national facilitators (NTP, WHO). Total number of trained PHO staffs and hospital DOTS supervisors was 17 ( 7 females, 10 males).
	<b>1.2.31</b>	Quarterly periodic visit by HDL supervisors to assist hospitals deliver quality services.	WHO	4,494	 100%	Mar	2012	On going process for second field visit will be completed as planned at 3rd week of November (South Sumatera) and 4th week of November (Banten) due to availability of time to synchronized activity between central NTP and Provincial teams. 5 districts hospital have selected in each provinces as target for HDL joint supervision from Provincial team trained in activity 1.2.30
					 85%			











<b>2. Laboratories</b>								
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Planned Month	Year	Cumulative Progress and Deliverables up-to-date
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	<b>2.1.1</b>	EQA Training	JATA		Cancelled	Sep	2012	It will be conducted after setting-up PC at NRL and 8 piloting districts. Reprogram to APA 3 and shift money to 2.1.14, 2.1.16 and new activity.
	<b>2.1.2</b>	Evaluation of EQA implementation	JATA	16,324	 100%	Sep	2012	Evaluation was conducted at the JATA annual meeting. The findings of the meeting was that the e-File should be improved to be easier to use. Some part should be synchronized with the report from provincial level. In APA3, continuing development of the e-File will be done together with other programme joint in SITT. The meeting will be on November 2012 in Jakarta.
	<b>2.1.3</b>	Printing report and form on EQA	JATA		Cancelled	Sep	2012	This activity is cancelled and reprogrammed to APA3
	<b>2.1.4</b>	TB Lab Working Group meeting	KNCV	24,202	 100%	Sep	2012	Progress: TBCARE I support TB Lab Working group meeting on 19-21 September 2012. Participants: NTP, BPPM, TB Lab Working group member and NRLs Result: 1. Draft of work mechanism between NTP,BPPM, BoE and NRLs are available, 2. Draft of NRLs plan of action are available Next steps: 1. Finalization of work mechanism between NTP,BPPM, BoE and NRLs 2. Finalization of NTRLs plan of action

















	<b>2.1.5</b>	Supervision/assessment to improve management of TB Lab networking and QA	KNCV	17,680		100%	Sep	2012	<p>Progress:</p> <p>Supervision to improve TB Lab networking and TB Microscopic EQAS have been done in 5 provinces:</p> <ol style="list-style-type: none"> <li>1. West Papua on 23-25 July 2012,</li> <li>2. Gorontalo on 7-10 August 2012,</li> <li>3. North Maluku on 13-18 August 2012,</li> <li>4. South Sulawesi on 23-25 Sept and</li> <li>5. North Sulawesi on 26-28 Sept 2012.</li> </ol> <p>Participants: NTP, BPPM and KNCV</p> <p>Result:</p> <ol style="list-style-type: none"> <li>(1) Latest situation and evaluation on implementation of QA and networking in above 5 provinces</li> <li>(2) Recommendation and technical assistance to improve EQA.</li> </ol>
	<b>2.1.6</b>	Support LQAS workshop in 2 new provinces	KNCV	55,304		100%	Jun	2012	<p>Progress:</p> <p>TBCARE I support LQAS workshop in 2 following provinces:</p> <ol style="list-style-type: none"> <li>(1) Bangka Belitung province on 02-06 July 2012.</li> <li>(2) Riau Isles (Kepri) province has been on 23-27 July 2012</li> </ol> <p>Participants:</p> <ol style="list-style-type: none"> <li>(1) Bangka Belitung total 78 participants consist of Provincial wasor, District wasor, Provincial Laboratory, Health Centre Unit (M=22, F=56)</li> <li>(2) Riau Isles (Kepri) total 86 participants consist of Provincial wasor, District wasor, Provincial Laboratory, Health Centre Unit (M=24, F=62)</li> </ol> <p>Follow up/next step: Bangka Belitung and Riau Isles provinces to begin preparation to start LQAS implementation in Quarter I, 2013</p>
	<b>2.1.7</b>	Training/Refreshing training on smear microscopic for Provincial TB reference lab	KNCV	18,339		100%	Sep	2012	<p>Progress:</p> <p>TBCARE I support training on preparation of AFB microscopy panel testing on 27-31 August 2012 at BLK Bandung as National Reference Lab for microscopy.</p> <p>Result: 14 lab technicians (M=4; F=7) were trained and had sufficient skill to prepare AFB microscopy panel test.</p>
	<b>2.1.8</b>	Establish intermediate laboratory	KNCV	7,957		100%	Sep	2012	<p>Activity (1):</p> <p>(1) Training of TB Microscopic for TB Lab technicians of Intermediate Labs in East Java Province on 02-04 July 2012.</p> <p>Participants:</p> <p>15 TB Lab technicians from Intermediate Laboratories (M=3, F=12)</p> <p>Result:</p> <p>Lab intermediate technicians have adequate skill and knowledge to play their role as first cross checker.</p> <p>Activity (2):</p> <p>Supervision to intermediate Labs in East Java have been done on 04-06 July 2012.</p> <p>Participants/assessor: NTP, BPPM, KNCV</p> <p>Result :</p> <p>'- Report on performance of TB Lab intermediate in East Java province.</p>
	<b>2.1.9</b>	Provide AFB microscopic panel testing	KNCV	6,674		100%	Mar	2012	<p>Progress:</p> <p>Evaluation of AFB microscopic panel testing have been completed on July 2012</p> <p>Result: 10 provincial labs were passed the panel testing: Kepri, Bangka Belitung, Banten, Gorontalo, West Papua, North Maluku, West Sulawesi, BBLK Surabaya, BLK Lampung, and BLK Semarang. Only 1 lab was not passed: BLK Kupang</p> <p>Next step: supervision and on the Job training to improve skill of BLK Kupang's TB Lab technicians</p>
	<b>2.1.10</b>	Refreshing training on smear microscopic in Papua province	KNCV	17,380		100%	Sep	2012	<p>Progress:</p> <p>TBCARE I support refreshing training for TB lab technicians in Papua to maintaining and up dating their skills and knowledge in AFB Microscopic and QA has been done on 16-22 July 2012.</p> <p>Participants:</p> <p>15 TB lab technicians from Health Centre Unit and Hospitals (M=3, F=12).</p> <p>Result:</p> <p>TB Lab technicians maintain their skill and up date their knowledge on AFB Microscopic and QA</p>

	2.1.11	Provide EQA panel test for cultur/DST	KNCV	24,527	 75%	Sep	2012	<p>Progress:</p> <p>1. Preparation of culture/DST EQA panel test by Supranational Reference Lab, IMVS, Adelaide, Australia almost completed.</p> <p>2. Import permit letter has been release by Directorate of medical support service/BPPM on 27 August 2012 for 9 labs (Microbioloy UI, Persahabatan Hospital, BLK Bandung, BLK Surabaya, NHCR Makassar, Microbiology UGM, BLK Semarang, BLK Papua and Adam Malik Hospital).</p> <p>Next step: Supranational Reference Lab to send the EQA panel test to above 9 labs on October 2012.</p>
	2.1.12	Maintenance/Calibration of BSCs	KNCV	35,039	 0%	Sep	2012	This activity will carry over to Q1 APA-3 and will be done on November 2012
	2.1.13	Support TB Lab renovation	KNCV	116,795	 50%	Sep	2012	<p>Progress:</p> <ul style="list-style-type: none"> <li>- Contract between KNCV and World BioHaztec has been signed on 31 July 2012.</li> <li>- Lab design has been finalised by World BioHaztec (Biosafety and engineering consultant)</li> <li>- BioHaztec in progress to develop tender document.</li> </ul> <p>Next step: Finalization of tender document and start tendering process for TB lab renovation in BBLK Surabaya.</p>
	2.1.14	TA to supervise NTRL in West Java.	JATA	28,319	 100%	Jun	2012	<p>While supervising , TA also conducted on the job training to NTRL staff( 7 leaders) and local staff how to use E- File.</p> <p>The task of the leaders are to supervise EQA activities in distirct level.</p>
	2.1.15	TA to conduct EQA Training & EQA WS	JATA	79,570	 100%	Sep	2012	TA conducted on the job training to staff in piloting district health office (Kota Bogor and Kota Cimahi). As result, these DHOs have sent EQA report electronically from January to June 2012 to West Java BLK. The rest (5 districts) trained by JATA local staff.
	2.1.16	TA to set up administrative system fro NTRL	JATA	27,232	 100%	Sep	2012	All 7 provinces have sent EQA report to BLK. As a result, Kota Cimahi and Kota Bogor have submitted 6 months report, Kota Sukabumi submitted 9 months report, the rest submitted 1 month report.
	2.1.17	EQAS for TB-HIV	FHI	33,718	 100%	Jun	2012	TB CARE with West and East Java Provincial Health Office (PHO) selected facilities (20 in West Java and 48 in East Java) to participate in EQAS for TB and HIV lab. The provincial health lab sent 5 HIV panel testing and 10 slide TB microscopy to the Primary Health Centers (Puskesmas) and Hospitals. Follow up: Waiting for all facilities to sent back panel test result, analyze the result and provide feedback to facilities and PHO will be conducted in APA3.
	2.1.18	Coordination meeting between TB Lab WG and EXPAND-TB	WHO	18,545	 100%	Mar	2012	<p>Coordination meeting conducted in Bogor at 18-20 June, attended by 20 participants NTP staffs, BPPM, TB Lab WG members, 3 NTRL representatives and TB CARE partners (KNCV, JATA, WHO). Results: First draft of documents on networking mechanism between NTRL and SOP's as technical guidance and operational manual to support Ministerial decree No.1909 regarding the appointment of 3 NTRL.</p> <p>The draft of documents produced during the meeting will be discussed further during TB Lab WG meeting, planned in August (activity 2.2.5)</p>
	2.1.19	Coordination meeting between NTP and Directorate BPPM.	WHO	21,069	 100%	Mar	2012	<p>Coordination meeting between all lab stakeholders and TB Lab Working group conducted in Bandung at 19-21 September 2012. This meeting were attended by NTP staffs, BPPM, TB Lab WG members, 3 NTRL representatives, PHO (West Java, DIY and East Java) staffs and TB CARE partners (KNCV, JATA, WHO). Results: NTRL action plan from each NTRL (Bandung, Surabaya and FKUI) had been reviewed and finalized; Second draft on networking mechanism (result from activity 2.2.5) had been developed with inputs from TB lab working groups, Lab experts and representatives from Provincial Health Office; Identification of funding resources availability to support NTRL since all 3 NTRL came from different background and ownership.</p>
	2.1.20	Procurement of EQA unit	JATA	10,000	 100%	Sep	2012	This is a new activity to cover gap of server PC for NTRL and client PC for 8 piloting districts. This related to the implementation of e-File system.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date

2.2 Ensured the availability and quality of technical assistance and services	2.2.1	Improve capacity of QA culture and DST	KNCV	55,370	 100%	Sep	2012	TA by Richard Lumb, the TBCARE laboratory consultant from Supranasional Reference lab, IMVS, Adelaide, Australia on 17 September - 10 October 2012. TA was provided to 8 following labs: 1. BBLK Jakarta, 2. Litbangkes, 3. RS Persahabatan, 4. Microbiology FMUI, 5. BLK Bandung, 6. NEHCRI Makassar, 7. BBLK Surabaya, 8. BLK Aceh and 9. BLK Jayapura. Nine following labs will received EQA panel test for culture/DST in October 2012: 1. Microbioloy UI, 2. Persahabatan Hospital, 3. BLK Bandung, 4. BLK Surabaya, 5. NHCR Makassar, 6. Microbiology UGM, 7. BLK Semarang, 8. BLK Papua and 9. Adam Malik Hospital. Other result included input for finalizing of TB Lab design in BBLK Surabaya, both for culture DST and LPA/molecular Lab and input for TB Lab preparation to support National TB Prevalence Survey
	2.2.2	Supervision	JATA	8,452	 100%	Sep	2012	It was conducted at 7 piloting districts in West Java Province for setting up EQA units.
	2.2.3	International TA for Lab	KNCV	74,888	 100%	Sep	2012	Please see activity 2.2.1
	2.2.4	Technical Assistance to NTP and Referral labs	KNCV	11,731	 100%	Sep	2012	1. Support implementation of EXPAND TB project in RS Persahabatan and BBLK Surabaya on September 2012. TBCARE I support renovation of LPA/molecular lab in BBLK Surabaya. Result: In collaboration with World BioHatzec, the LPA/molecular lab design has been finalized. Next step: to prepare the tender document and start tendering process. 2. Support National TB prevalence survey (NPS). TBCARE support NTP/BPPM to ensure readiness of TB Lab to support NPS. Following labs were assessed: - RS Sanglah, Bali on 4-6 Sept 2012 - Litbangkes on 17 Sept 2012 - BBLK Jakarta on 18 Sept 2012 - BBLK makassar on 23-26 Sept 2012 - BLK Jayapura on 27-28 Sept 2012 - BLK Manado on 27-28 Sept 2012 - BBLK Surabaya on 1 October 2012 Result: with additional equipments, 7 following TB labs are ready to support NPS. 1. BBLK Surabaya 2. BBLK Jakarta 3. BLK Bandung 4. BLK Semarang 5. BLK Jayapura 6. Microbiology FK UGM 7. RS Adam Malik, Medan Next step: support NTP/BPPM on procurement of TB Lab equipment and consumables for National TB prevalence survey
	2.2.5	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	3,390	 100%	Mar	2012	TB Lab Working group meeting had conducted in Bogor, 1-3 August 2012 as follow up meeting og activity 2.1.18, with main objectives: to maintaining and improving the performance of TB laboratory by establish coordination mechanism between National Program and the Microbiology and Immunology sub directorate; drafting document of working mechanism among NRL; drafting document of roles and work mechanism between the public TB laboratory and the private ones. The meeting were attended by 38 participants from NTP, MI sub-directorate (BPPM), NTRL, TB Lab WG, partners and 2 PHO representatives. Results: 4 draft of documents have been produced a. Working mechanism document between NTP and MI sub-directorate (BPPM), b. Draft SK BOE (Board operational executive) for NTRL, c. Structure of the BOE as well as its task and function, d. Plan of action for each NTRL (will be finalized further)
	2.2.6	Strengthen Capacity of NTP and Lab staff	WHO	10,170	 100%	Mar	2012	On going. Fixed date had set at the end of November. The study visit to India with aim to learn about the management of NTRL and combined with activity 4.1.44 to speed up the capacity building on integration and management of rapid diagnostic TB into National TB control program are on going. First schedule proposed in September had passed due to time constraint in host country. New time schedule had been agreed between NTP Indonesia and NTP India at 2nd week of November. Four participants from MoH (NTP, BPPM, NTRL) and one WHO staff will join this visit.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date













2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	<b>2.3.1</b>	GeneXpert Site asesment visit	KNCV	17,029	 100%	Jun	2012	There is no GeneXpert site assessment visit conducted in Q-4 APA-2. The last site assessment visit was conducted during 30 May - 13 June 2012 along with External TA (Sanne van Kampen and Lisa Shephard) Result of site assessment: 1. RS Saiful Anwar is ready for implementation of GeneXpert 2. RS Labuang Baji is not ready yet. Need to improve infection control at TB Lab.
	<b>2.3.2</b>	GeneXpert training for 12 sites	KNCV	39,279	 50%	Jul	2012	There is no GeneXpert training conducted in Quarter 4, APA-2.
	<b>2.3.3</b>	HAIN test study phase 2	KNCV	49,395	 90%	Mar	2012	The enrolment phase has been completed for Phase-II evaluation of the Hain MTBDRplus. Data interpretation and conducting supplementary testing is in progress to attempt to resolve discrepant results. Need more 7 DST data from BBLK Surabaya.
	<b>2.3.4</b>	HAIN test for SLD	KNCV	16,320	 90%	Jun	2012	The enrolment phase has been completed for Phase-I evaluation of the Hain MTBDRsl assay. Data interpretation and conducting supplementary testing is in progress to attempt to resolve discrepant results.
	<b>2.3.5</b>	GeneXpert on site training, installation and first running	KNCV	20,434	 75%	Sep	2012	There is on site training and installation of geneXpert in quarter 4, APA-2
	<b>2.3.6</b>	GeneXpert Supervision/Monitoring	KNCV	27,246	 100%	Sep	2012	There is no GeneXpert supervision/monitoring visit conducted in Q-4 APA-2 as operational of GeneXpert is stop temporary due to stock out of cartridges since 12 August 2012. MoH got administratif problem in cartridges procurement. TB CARE I support to procure 1000 cartridges to fill the gap. The last supervision/monitoring to 5 GeneXpert operational sites were conducted during 30 May - 13 June 2012 along with External TA (Sanne van Kampen and Lisa Shephard) Result of supervision to 5 operational GeneXpert sites: 1. Laboratory operation of GeneXpert generally satisfactory 2. Error numbers or Invalid generally below 5% 3. On average 3-4 GeneXpert Xpert tests/day performed at 5 sites. 2. only MDR TB suspects with criteria 1, 3, 6 (9) and GeneXpert RIF resistant result start 2nd line treatment immediately. Second sample is sent for FL & SL DST. MDR TB suspects with criteria 2, 4, 5, 7, 8 and Xpert RIF resistant result still have to wait for C/DST (FL) result before they can start 2nd treatment, unless they are very ill.
	<b>2.3.7</b>	GeneXpert Coordination meeting	KNCV	26,050	 100%	May	2012	TBCARE I support signing of MoU between MoH and next 8 GeneXpert sites have been done on 10 July 2012 during National TB money meeting in Mataram, NTB. 1. RS Saiful Anwar, Malang 2. RS Labuang Baji, Makassar 3. BLK Bandung 4. BBLK Surabaya 5. RS Sanglah, Bali 6. NEHCRI, Makassar 7. Microbiology UGM 8. RS Adam Malik, Medan. Next step: on site training and installation of GeneXpert machine in above 8 sites.
	<b>2.3.8</b>	APW for GeneXpert project manager (from NRL-Microbiology UI)	KNCV		Cancelled	Sep	2012	This activity is cancelled
	<b>2.3.9</b>	Recalibration of GeneXpert modules	KNCV		Cancelled	Sep	2012	This activity is cancelled. Cepheid (GeneXpert manufacture) confirmed that first calibration for 5 initial sites (RS Persahabatan Jakarta, Microbiology FMUI, RS Soetomo Surabaya, RS Moewardi Solo and RS Hasan Sadikin Bandung) will be conducted on March 2013 (under APA-3).
	<b>2.3.10</b>	International TA for GenExpert Implementation	KNCV	6,168	 100%	Jun	2012	Progress: TA by Lisa Shephard, the TBCARE laboratory consultant from IMVS and Sanne Van Kampen during 30 May to 13 June 2012 TA to 7 labs: - RS Persahabatan Jakarta, Microbiology FMUI, RS Soetomo Surabaya, RS Moewardi Solo and RS Hasan Sadikin Bandung for evaluation and monitoring of GeneXpert implementation. - RS Labuang Baji Makassar and RS Saiful Anwar Malang to assess their readiness to implement GeneXpert. See activity 2.3.1. and 2.3.6
	<b>2.3.11</b>	GeneXpert Catridges for (1000) 100 boxes x 10	KNCV	10,000	 100%	Sep	2012	This is a new activity to cover gap in GeneXpert cartridges as NTP could not procure at that time with GF funds. This was discussed with GeneXpert consultant (Sanne van Kampen) and Mission. This activity was completed. A thousand GeneXpert cartridges were procured and already arrived in the country. To be distributed.
					 92%			

3. Infection Control			Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
3.1 Increased TB IC Political Commitment	3.1.1	Socialization TB IC implementation at provincial level	KNCV	10,985	 100%	Mar	2012	TB IC implementation has been socialized in 4 provinces (DKI Jakarta, Central, East and West Java and South Sulawesi).
	3.1.2	Update TBIC guideline for prison	FHI	4,423	 100%	Mar	2012	The workshop for finalization of TB IC guideline was conducted utilizing both Global Fund and TB CARE funding (cost-share), on 1-4 August 2012 in Bogor, West Java. The participants were from Ditjen PAS, doctors from Prisons, NTP, Perdalim (Infection control Association), and TB CARE. The guideline stresses on the annual TB mass screening and provision TB ward/separation of TB patients with other patients especially HIV patients.
	3.1.3	Printing updated TBIC guideline for prison	FHI	3,793	 100%	Mar	2012	TB IC guideline books were printed and distributed to 5 Kanwil/provinces to be distributed to TB CARE supported prisons as well as other prisons. The books were also handed over to Ditjenpas for nation-wide distribution.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
3.2 Scaled-up implementation of TB-IC strategies	3.2.1	workshop on revision TB IC guideline, hospital and PHC building design	KNCV	4,004	 100%	Jun	2012	TB IC guidelines for healthcare facilities were revised and building design standard is incorporated within the guidelines.
	3.2.2	TB IC assessment to 10 new prisons/detention centers	FHI	22,790	 100%	Mar	2012	This activity is the continuation from APA1. After the TB IC assessment tool for prisons setting was developed and finalized by NTP, BUK, Ditjenpas, Perdalim and FHI 360, this activity was conducted in 20 TB CARE supported prisons by a team consisted of Ditjenpas, NTP, PHO, DHO and FHI. Feedback and recommendations which include having a TB IC plan, separate HIV and TB patients ward, separate TB suspects to allow for morning sputum collection, change the angle of window opening, etc, were provided to the head of prisons/detention centers. Follow up will be done during mentoring by TB CARE staffs.
	3.2.3	Workshop result of TB-IC assessment in Prison	FHI	19,195	 100%	Sep	2012	The result of TB IC assessment were presented and discussed during the lesson learn workshop in Bandung (activity 1.2.19), West Java, 26-28 September 2012. The participants were DG of correction, Ditjen PAS, Kanwil, Head of prisons and DCs, doctor from Prisons, NTP, NAP, Provincial Health Offices, KNCV. In the workshop, the result of TB IC assessment in 20 prisons and recommendation for TB IC improvement were presented to the stakeholders. One result of advocacy and technical assistance in TB IC was in Banceuy Prison, now they separate HIV ward with TB ward.
	3.2.4	In-house training for TB IC (for hospital staff)	KNCV	28,364	 75%	Jun	2012	This activity was conducted in West Java, DKI, East Java and Central Java.
	3.2.5	In-house training for TB IC (for workplace, prison, clinic)	KNCV	28,364	 100%	Jun	2012	TB IC in house training was conducted for hospitals in 5 provinces
	3.2.6	Renovation outpatient clinic in Persahabatan Hospital	KNCV	17,519	 100%	Jun	2012	Renovation of outpatient clinic was finished in September 2012.
	3.2.7	Renovation of selected Health Centers in East Jakarta and Surabaya	KNCV	35,039	 30%	Jun	2012	Design and budget for renovation in Jakarta and Surabaya were revised. Tendering process will start in October 2012.
	3.2.8	Renovation for treatment centers	KNCV	140,154	 25%	Jun	2012	Renovation for 4 PMDT hospitals in Bali, DIY, North Sumatra, and West Java is not yet started. Attempts have been made to speed up design and budgeting process, resulting in finished design and budgeting at the end of September 2012. Tendering process will start in APA3.
	3.2.9	International TA (IC consultant)	KNCV	23,211	 0%	Jun	2012	Mission was cancelled by NTP.
	3.2.10	TA for TB-IC implementation and renovation 2011 .	KNCV	4,484	 0%	Jun	2012	TA is expected to be delivered by International IC consultant (see 3.2.9). This activity is cancelled.
	3.2.11	TA for TB-IC implementation and renovation 2012	KNCV	8,409	 0%	Sep	2012	TA is expected to be delivered by International IC consultant (see 3.2.9). This activity is cancelled.
	3.2.12	TBIC implementation monitoring in 5 provinces	KNCV	9,398	 0%	Sep	2012	TB IC monitoring cancelled and planned to conduct in APA3 due to the late finish of TB IC socialization (3.1.1) and in house trainings (3.2.4).
					 62%			










4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	Training for treatment centers	KNCV	58,789	100%	Mar	2012	All 4 new provinces (North Sumatra, West Java, DIY and Bali) for first batch of PMDT expansion was trained for PMDT. This training was carried out by national PMDT training team and addressed for province and district health office, laboratories, and hospitals.
	4.1.2	Training for satellites PMDT staff	KNCV	28,621	75%	April	2012	The next step of PMDT site expansion is to train satellite PMDT site staff. This training was carried out by provincial PMDT team. Three PMDT provinces already conducted this training (North Sumatra, West Java and Bali).
	4.1.3	PMDT Socialization in new provinces	KNCV	24,264	100%	May	2012	PMDT socialization is the first step into PMDT site expansion. This activity was already completed for first batch provinces of 2012 (North Sumatra, West Java, DIY and Bali).
	4.1.4	Involvement of private practitioner in PMDT	KNCV	12,790	25%	May	2012	This activity was conducted in West Java. The remaining 3 provinces (DIY, North Sumatra, Bali) did not conduct this activity since there was no PMDT officer in place.
	4.1.5	Expansion of PMDT in new provinces in 2012	KNCV	19,499	0%	June	2012	This activity is cancelled. Further PMDT expansion to new provinces will be carried out in APA3.
	4.1.6	PMDT site preparation in 2012	KNCV	5,116	0%	June	2012	This activity was not conducted following the progress made in PMDT expansion plan of NTP. Preparation for further PMDT expansion to new provinces will be carried out in APA3.
	4.1.7	Training for treatment centers	KNCV	58,786	0%	July	2012	This activity is addressed for the second batch provinces. However preparation process (pre-assessment, self-assessment, and post assessment activities) could not finish in time. This activity and following activities are cancelled and reprogrammed in APA3.
	4.1.8	Training for satellites PMDT staff	KNCV	28,621	0%	Aug	2012	See 4.1.7
	4.1.9	PMDT Socialization in new provinces	KNCV	24,184	0%	Aug	2012	See 4.1.7
	4.1.10	Drug Resistant TB Case findings	KNCV	4,672	100%	Dec	2011	DR TB Case finding support from TBCARE only applies for cases found before 1 January 2012. Case finding after 31 December 2012 will supported by GF funds.
	4.1.11	Sputum handling and transportation	KNCV	9,107	100%	Sep	2012	This is an ongoing activity for patients put on treatment before 1 January 2012. As sputum handling and transportation for new patients will be supported by GF funding.
	4.1.12	Home visit and contacts tracing of identified MDR TB cases.	KNCV	2,336	100%	Sep	2012	This is an ongoing activity for patients put on treatment before 1 January 2012. As home visit and contacts tracing for new patients will be supported by GF funding.
	4.1.13	Treatment support (hospitalization, injection and other medical care for MDR cases)	KNCV	35,039	100%	Sep	2012	This is an ongoing activity for patients put on treatment before 1 January 2012.
	4.1.14	Follow up smear and cultures patients under MDR treatment	KNCV	29,199	100%	Sep	2012	This is an ongoing activity for all patients put on treatment before 1 January 2012
	4.1.15	Side effect management	KNCV	11,680	100%	Sep	2012	This is an ongoing activity for all patients put on treatment before 1 January 2012
	4.1.16	General Laboratory examination ( LFT, KFT etc) for baseline and follow up	KNCV	23,359	100%	Sep	2012	This is an ongoing activity for all patients put on treatment before 1 January 2012
	4.1.17	Quarterly patient gathering	KNCV	8,882	75%	Sep	2012	Patient gathering was conducted in RS Persahabatan, RS Syaiful Anwar, RS Soetomo, and RS Moewardi. This activity involved patients, ex-patients, patients family and attended by physician/specialist for knowledge sharing.
	4.1.18	Individual counseling	KNCV	350	100%	Sep	2012	This is an ongoing activity for all patients put on treatment before 1 January 2012
	4.1.19	Enabler for patient	KNCV	126,139	100%	Sep	2012	This is an ongoing activity for all patients put on treatment before 1 January 2012
	4.1.20	Shelter/dormitory facility	KNCV	12,614	100%	Sep	2012	This is an ongoing activity for all patients put on treatment before 1 January 2012
	4.1.21	PMDT coordination meeting at Provincial level	KNCV	20,916	75%	Sep	2012	PMDT coordination meeting was conducted in all planned sites.
	4.1.22	Data validation	KNCV	13,322	75%	Sep	2012	TBCARE I supported the data validation in all planned sites
	4.1.23	Supervision	KNCV	1,437	75%	Sep	2012	TBCARE I supported the supervision conducted by PMDT site and DHO to satellite health centers. Supervision was conducted in DKI Jakarta, East Java and Central Java.
	4.1.24	Provide personal protection	KNCV	31,304	100%	Sep	2012	More than 9000 N-95 masks were procured from 3M and distributed to NTP
	4.1.25	PMDT IEC material	KNCV	2,920	100%	Jul	2012	PMDT IEC materials were developed and printed
	4.1.26	Training counselling and case management of PMDT	FHI	19,743	0%	Sep	2012	Training was postponed to APA3, due to the module was just finalized in Q4.
	4.1.27	PMDT counseling and case management training material review	FHI	2,671	100%	Jun	2012	The workshop to finalize the training module was conducted in 24-28 July 2012, in Bogor West Java. The workshop involved TB CARE partners (FHI 360, KNCV, WHO), NTP, NAP, psychiatrist from Soetomo and Persahabatan hospital, health staffs in PMDT sites, and Layak (NGO working for case management of HIV). Result: finalized module. The training will be involving several MDR ex-patients (cured/converted patients), using the WHO 5A approach (Assess, Advise, Agree, Assist, Arrange). Role play with patients will be using illustration from the patients real situation/situations that are oftenly encountered in the PMDT sites, such as difficult side effect, issue of isolation from community, defaulters, etc. Follow up: training for health staffs in PMDT sites in APA3.

4.1.28	Post assessment meeting for PMDT in 6 provinces.	WHO	9,375		100%	Mar	2012	Held at Bogor from 11-16 June, 30 participants from NTP, National PMDT WG, partners, BPPM, NTRL and 5 provinces (NAD, W.Sumatera, N. Sulawesi, W.Sulawesi and Papua) attended this meeting. Self post assessment result had reviewed by national team and the draft of provincial PMDT scale up plan for 5 provinces has been developed.
4.1.29	Pre-assessment meeting of PMDT in 5 new sites .	WHO	4,091		100%	Mar	2012	Held at Bogor, 14-15 June parallel to the above activity to have maximum efficiency of facilitators. GF provided additional support so that 10 instead of 5 provinces could attend this meeting. Self assessment tools were introduced and an action plan developed and agreed.
4.1.30	Assesment visit in 5 new PMDT sites.	WHO			Cancelled	Jun	2012	Cancelled by NTP as they have changed the approach for PMDT expansion mechanism. With support from GF, PHO will conduct self assessment within the provinces with aim to make situation analysis, site selection and draft of action plan. NTP with technical assistance from TB CARE partners will support provincial plan by review the results in the post assessment meeting at central level .
4.1.31	Post assesment meeting in 5 PMDT new sites.	WHO	7,592		100%	Sep	2012	Revised and combined to support 4.1.35 activity. WHO providing all ground works to prepare the post assessment meeting for 8 new PMDT candidates. Funding was provided by GF.
4.1.32	Dissemination information on PMDT as part of NTP to high ranking health official.	WHO	28,234		100%	Sep	2012	Successfully implemented at 18 September 2012, attended by Minister, DG, Head of PHO from 20 provinces, 33 Head of Provincial CDC, partners, NAP, Malaria Program and PT. Askes. By request from Minister, this advocacy meeting not only focused on TB Control program but for all disease related with MDG achievement. The DG of DC and EH while presenting the MDR TB situation also strongly advocating the necessary support from provincial level for PMDT scale up and implementation.
4.1.33	HRD on PMDT counselling (review).	WHO	6,718		100%	Jun	2012	The roles and responsibilities of staff responsible for treatment adherence at various levels is being defined in the PMDT HRD document. This will be discussed further after the scheduled meeting in August.
4.1.34	Translation PMDT counselling documents	WHO	1,980		0%	Sep	2012	Cancelled, since the guideline has not been finalized until end of September. This activity will be carried forward in APA 3 by other partner.
4.1.35	PMDT coordination meeting on clinical issues.	WHO	10,814		100%	Jun	2012	On going, fixed date had been set at 29 Oct- 1 November 2012. NTP has decided to postpone this activity after Union's PMDT training (conducted at 24-28 September). Full reports of GLC consultant, PMDT visit to Nepal and discussion during Union training will be used as resource material for this meeting.
4.1.36	Finalization of PMDT counselling documents.	WHO	10,678		0%	Sep	2012	Cancelled, the finalization of counseling guideline should have been done after pilot training and implementation. Until the end of APA2 period, the pilot training for PMDT counseling was not conducted. The activity will be carried forward in APA3, and will be coordinated by other partner. WHO will continue to provide TA on this activity.
4.1.37	International meeting/ workshop	WHO	16,950		100%	Sep	2012	WHO SEARO arranged Regional PMDT workshop at Chiang Mai on 17-22 September where 3 MoH staffs participated. Although not funded by TB CARE APA2, this activity consider as completed. The funding available will be utilize as funding resources for IUATLD congress at KL, November 2012. Based on NTP request 5 MoH staffs will attend the congress.
4.1.38	International PMDT training & study visit	WHO	20,340		100%	Jun	2012	Study visit to Nepal conducted at 24-28 September, 6 MoH staffs from NTP, PMDT hospitals and PHO staffs participated to learn about community based PMDT successfully implemented in Nepal since 2005. Participants could learn and observe the daily operation of PMDT in Nepal which based on fully ambulatory treatment. Total number of participants sent to Nepal for study visit was 7 (4 females, 3 males).
4.1.39	International TA for PMDT counseling	WHO	14,690		0%	Jun	2012	As planned, external TA for PMDT counselling will be conducted after PMDT counseling training (to be completed by other partner). Since training activity is postponed during APA2 period so this activity should be postponed also. Under APA3, WHO not proposed any related activity with PMDT counseling, however WHO will provide continue support of the finalization and implementation of the guideline.
4.1.40	Support the expansion and quality improvement of PMDT	WHO	43,683		100%	Sep	2012	In country travel for NPO 1 as ongoing activity and completed as planned. The result of this activity is TA on PMDT had been delivered to NTP and provinces by NPO1 by participation on PMDT related activities conducted by NTP or partners and also visit to Nepal with PMDT team to Nepal MDR program (see 4.1.38).
4.1.41	Internal TA for PMDT activities	WHO	35,496		100%	Sep	2012	In country travel for WHO staffs to support PMDT activities. The result of this activity is TA on PMDT had been delivered to NTP and provinces by national consultant by participation on PMDT related activities conducted by NTP or partners.
4.1.42	International TA	KNCV			Cancelled	Mar	2012	Cancelled before approval of APA2. See activity 4.1.41
4.1.43	Technical Assistance to NTP and PMDT sites	KNCV	7,568		50%	Sep	2012	This activity could not be continued at national level due to the vacant position of PMDT technical officer in TB CARE representative office.
4.1.44	Capacity building on incorporation of new rapid diagnostics in national PMDT	WHO	10,170		100%	Mar	2012	Combined with activity 2.2.6
4.1.45	Pre assesment meeting of PMDT expansion	WHO	5,008		100%	Jan	2012	The meeting was incorporated with the national money meeting in Surabaya. The meeting was opportunity for situational analysis and opportunity to sensitize the staff for launch of preparatory activities. The assessment tools were introduced to staff for conducting the self-assessment.





	4.1.46	Assesment to newly selected sites (6 sites)	WHO	11,557	 100%	Jan	2012	The meeting was incorporated with the National Money meeting in Solo. Based on the result of the self-assessment, the 6 provinces were requested to write down their plan of action for implementation of PMDT with the guidance of PMDT unit from central level. Based on each province self assesment, a guideline in writing the plan of action was introduced during money meeting in Solo. The 6 provinces made preliminary draft of its PMDT work-plan, that will be presented and discussed during the post assesment meeting, that is planned to be conducted in end of April 2012 (activity 4.1.28), by the request of the NTP.
	4.1.47	Post assesment meeting to give feedback and make plan of action	WHO	18,903	 100%	Sep	2012	Combined with activity 4.1.28.
	4.1.48	PMDT clinical audit	WHO	12,198	 100%	Sep	2012	This activity is carry forward activity from APA 1 that was conducted in September 2011 incorporated with PMDT International Training in Jakarta by IUATLD. Site visit to Persahabatan Hospital as referral hospital for PMDT, East Jakarta District Health Office and 3 HCs. After the visit there was a technical meeting to discuss about MDR TB Management of Surabaya, Malang, Makassar and Surakarta sites.
	4.1.49	PMDT Clinical audit : Follow up	WHO	7,704	 100%	Mar	2012	Combined with 4.1.35. On going process. NTP had develop a detail plan and set the date for this meeting at 29 Oct -1 November in Bogor. NTP also decided to combine this meeting with annual National PMDT evaluation meeting. Related with clinical audit, evaluation of previous clinical audits delivered by international consultants from TB CARE partners (KNCV, WHO, UNION) and GDF/GLC mission will be presented to develop draft of Technical Guideline on Clinical Audit on PMDT. Participants for this meeting: NTP, BUK, TB CARE partners, PMDT WG, PHO staffs and Clinical expert team member from PMDT hospitals.
	4.1.50	external TA coordination and evaluation (1)	WHO		 0%	Mar	2012	Cancelled
	4.1.51	external TA coordination and evaluation (2)	WHO	7,345	 100%	Mar	2012	Incorporated with 4.1.35 and 4.1.52
	4.1.52	PMDT money meeting at National Level	WHO	20,546	 100%	Dec	2011	Conducted in Bogor to review and analyse the PMDT activities of each site focusing on the performance of clinical expert team for improvement future PMDT services. This meeting recommended some changes on PMDT policy, including national algorithm for rapid diagnostic testing. All recommendation were incorporated in the revised PMDT guideline.
					 75%			



5. TB/HIV						Planned		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.1 Strengthened prevention of TB/HIV co-infection	5.1.1	Develop TB-HIV program management workshop presentation	FHI	2,579	 100%	Mar	2012	The activity did not need budget. NTP, NAP and FHI shared task in developing the presentation for the workshop.
	5.1.2	Workshop of TB-HIV program management	FHI	37,560	 100%	Mar	2012	The workshop was conducted in 1-3 March, 2012, involving TB and HIV program from 11 provinces. This activity was cost shared with Global Fund. <b>Result:</b> National TB/HIV team received inputs from provinces for the TB/HIV management book and the TB/HIV variables/reporting format is finalized and socialized to the 10 provinces. <b>Follow up:</b> Lay-out, printing and distribution of the book.

5.1.3	TB-HIV TWG meeting in provincial level for 8 provinces	FHI	73,432	100%	Sep	2012	<p><b>DKI Jakarta:</b> TB CARE participated in the Provincial TWG meeting held on July 31st, 2012, in Jakarta, using GF budget, 30 participants (13 Male, 17 Female).</p> <p>o Result/findings:</p> <ul style="list-style-type: none"> <li>- TB-HIV data variable perception are not the same among staffs at district health office and health facilities.</li> <li>- From TB side: no major problem, all level have been socialized and report TB-HIV data. Collection of data still need a reminder from district's TB coordinator.</li> <li>- From HIV side: there is no formal letter to GF staff at Provincial Level so that they could not help on the data collection from hospitals that they support.</li> </ul> <p>o Follow up:</p> <ul style="list-style-type: none"> <li>- the findings were already informed to NTP and NAP.</li> <li>- NTP and NAP to finalize a formal letter to all provinces regarding TB-HIV RR.</li> <li>- Support for socialization and data validation to each district health office's staffs (especially on HIV side) so that they could socialized to all health facilities.</li> </ul> <p><b>West Java:</b> The meeting was conducted on 8-10 August 2012 in Garut, West Java. Participants were 35, from PHO, DHO (district health office), FHI 360, KNCV, Rotinsulu hospital, Kanwil Hukham, PKVHI (HIV Counselors Association, Indonesian DOctor Association, PKBI (Family Planning Association), Rumah Cemara PLHIV Support Group, Jamsostek.</p> <p>Result:</p> <ul style="list-style-type: none"> <li>- A 1 year (2012-2013) workplan was developed.</li> <li>- TWG identified problems and explore possible solutions, responsible institutions, timeline, and where the funding from</li> </ul> <p>Follow up:</p> <ul style="list-style-type: none"> <li>- TB-HIV TWG will be formalized by a letter/decreed from the head of Dinkes Provinsi.</li> <li>- Next regular TWG meeting will be using GF budget in October, to follow up on progress of the planning.</li> </ul>
5.1.4	TB-HIV TWG meeting in national level	FHI	1,191	100%	Sep	2012	<p>Meetings for planning of TB-HIV were conducted in July 21 and 25, Jakarta and Bogor. TB CARE assisted NAP and NTP in developing TB-HIV planning according to the 12 framework of TB-HIV and target for 2015. No TB CARE budget needed for this TA.</p> <p>TB-HIV TWG involving more institutions will be conducted in APA3.</p>
5.1.5	Develop IEC material for sputum collection	FHI	2,079	100%	Jun	2012	<p>FGD was conducted on 23 July, Jakarta (Acacia), involving NTP, National Laboratory, and TB CARE. A follow up meeting for refinement was conducted in Jakarta Sept, 3, involving smaller group consisted of FHI 360 and NTP. The IEC developed were leaflet for patients and poster for laboratory staffs, the draft was revised according to inputs from the discussion. Following that, a field testing were conducted at PPTI and Jatinegara Puskesmas (Primary Health Care), involving patients and laboratory staffs. There were no significant changes to the draft version. See activity 5.1.6 for the follow up of this activity.</p>
5.1.6	Printing IEC materials and SOP	FHI	19,877	100%	Jun	2012	<p>IEC materials and guideline printed:</p> <ul style="list-style-type: none"> <li>- Leaflet: how to collect a good sputum for patients</li> <li>- Poster: how to collect a good sputum for lab staffs</li> <li>- Leaflet: TB-HIV (generic)</li> <li>- Leaflet: TB and TB-HIV for prisons</li> <li>- Poster: TB and TB-HIV for prisons</li> <li>- Poster: Cough ettiquette for prisons</li> <li>- Leaflet: TB and TB-HIV for Papua</li> <li>- Books: National Action Plan for Prison system, TB IC for Prison, TB-HIV collaboration management guideline, TB-HIV Clinical Guidelines.</li> </ul> <p>These are being printed and distributed to the field.</p>
5.1.7	World TB Day	FHI	3,907	100%	Mar	2012	<p>About 400 people came to FHI360 booth in TB Day, FHI provided TB/HIV IEC materials, talked about TB/HIV and gave some merchandise to the attendees.</p>
5.1.8	Internal M&E FHI meeting for quality improvement	FHI	65,528	100%	Jun	2012	<p>The meeting was conducted in Solo, May 2012, progress was tracked, challenges and strategy to speed up the APA2 activities were discussed</p>
5.1.9	Refreshing Reporting and recording for TB HIV health care facilities	FHI	48,626	100%	Sep	2012	<p>TB-HIV reporting and recording format was sozialized in East Java, 2-4 April 2012. The meeting was attended by 90 participants, consisted of TB and HIV PHO and DHO staffs, 24 health services provider staff from 12 districts, and FHI. The districts: Malang D&amp;C, Surabaya, Banyuwangi, Sidoarjo, Madiun, Gresik, Tulungagung, Blitar, Mojokerto, Jombang, Jember. Result:</p> <ul style="list-style-type: none"> <li>- Agreement that DHOs will send TB-HIV reporting after validating to PHO on 30th quarterly.</li> <li>- Agreement that PHO will send the reporting to MoH on 5th quarterly</li> </ul>
5.1.10	ME Meeting in provincial level	FHI	12,486	100%	Sep	2012	<p>ME meeting was conducted in Papua involving Province's 21 DHOs (including 10 TB-HIV priority districts). TB-HIV reporting format and SITT were socialized to participants. All of TB-HIV priority districts presented their achievement in TB and HIV. Some of the data was not validated, and will be followed up by DHO to the health facilities.</p>
5.1.11	Logistic for consumables (TBIC)	FHI	6,676	100%	Mar	2012	<p>Respirator and mask were procured and distributed to prisons, Pengayoman hospital and other facilities. 1200 masks were procured from 3M.</p>

	<b>5.1.12</b>	TA to NTP on TB - HIV collaborative activities	WHO	1,900	 100%	Sep	2012	TA had been delivered by WHO staffs in several TB/HIV collaboration activity conducted by NAP, NTP or partners. The most recent activity: the preparation of HIV sentinel survey among TB patients (September), the finalization of joint TB and HIV planning (July) and the finalization of TB-HIV collaboration surveillance guidelines (July)
	<b>5.1.13</b>	Facilitate national TB-HIV trainings for HIV staff	WHO	3,294	 0%	Sep	2012	Not conducted due to unavailability of NTP time.
	<b>5.1.14</b>	Facilitate national TB - HIV trainings for TB staff	WHO	3,065	 0%	Sep	2012	Not conducted due to unavailability of NTP time.
	<b>5.1.15</b>	Mentoring selected TB - HIV clinics	WHO	2,431	 100%	Sep	2012	Several mentoring activity had been provided by WHO staffs, the last activity delivered in Bali province (2-4 Sept) to Sanglah Hospital and 5 other ARV hospitals (Gianyar, Wangaya, Buleleng, Singaraja and Klungkung) related with diagnose and treatment procedures and development of networking mechanism between HIV unit and PMDT unit in Sanglah Hospital. This activity initiated by Provincial Health Office.
	<b>5.1.16</b>	Provide Technical Assistance	WHO	12,306	 75%	Sep	2012	Ongoing activities and will be completed in Q4.
	<b>5.1.17</b>	Internal FHI TB HIV monitoring and evaluation meeting	FHI		Cancelled	Mar	2012	This activity was deleted before APA2 started. This is a duplication of 5.1.8
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
5.2 Improved diagnosis of TB/HIV co-infection	<b>5.2.1</b>	PITC Training for 3 provinces	FHI	38,630	 100%	Jun	2012	PITC trainings were conducted in Medan, Riau Islands, and West Papua. Participants: Doctors and nurses from 13 facilities in North Sumatra, 8 facilities in Riau Island, and 11 facilities in West Papua. This training involved more than 30 PLHIV as expert patient trainers.
	<b>5.2.2</b>	TOT for HIV rapid diagnostic and opportunistic infection laboratory training for lab technician	FHI	40,058	 100%	Jun	2012	FHI 360 with NAP in collaboration with Subdit TB, Directorate of Medical Support Services developed ToT module for this training. ToT was conducted in Bandung, with participants from 9 provinces (DKI Jakarta, West Java, Central Java, East Java, Riau Islands, North Sumatra, South Sumatra, South Sulawesi, Papua).
	<b>5.2.3</b>	Sub-agreement with 1 local NGO to promote HIV testing within TB suspects and TB patients in Jakarta	FHI	27,919	 100%	Sep	2012	PPTI Baladewa continued to provide education about TB and HIV to patients who are waiting for doctor consultation (594), TB suspects are being tested for HIV (58), and 21 HIV positive, 9 started ART. Follow up: advocacy and assist PPTI to develop TB IC plan, preparation for setting up referral of MDR suspects and TB suspects among HIV to Persahabatan hospital. Data until August
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
5.3 Improved treatment of TB/HIV co-infection	<b>5.3.1</b>	TB-HIV training for TB staff	FHI	27,092	 100%	Jun	2012	The training was conducted in Surabaya, 27 May- 2 June 2012, attended by 40 participants from health facilities, and DHO in 6 districts (Gresik, Mojokerto, Jombang, Blitar, Jember, Tulungagung). Result: This training is pretesting for the newly revised TB-HIV modules, recommendation for improvement of the modules were submitted to NTP and NAP. Follow up: Mentoring to health facilities















	<b>5.3.2</b>	Clinical mentoring and program monitoring in 8 provinces including supervision	FHI	48,082	 100%	Sep	2012	<p><b>DKI Jakarta:</b> Mentorings were conducted in:</p> <ul style="list-style-type: none"> <li>- RSUD Tarakan, July 16th, 2012, on site. Total Participants: 15 ( 6 male, 9 female)</li> <li>- Puskesmas Kecamatan Gambir, July 17th, 2012, on site. Total Participants : 17 ( 5 male, 12 female)</li> <li>- Puskesmas Kecamatan Jatinegara, July 18th, 2012, on site. Total Participants : 13 ( 1 male, 12 female).</li> </ul> <p>Findings: limited human resources to perform TB-HIV record and report, Jatinegara will be providing ART, three of these facilities adopted parallel model for TB-HIV collaborative activities.</p> <p><b>West Java:</b></p> <p>Mentorings were conducted in:</p> <ul style="list-style-type: none"> <li>- RSHS, Bandung, July 6, participants 28 (8 male, 20 Female), from different units in the hospital: internal medicine, Infection department, surgery, neurology, HIV, DOTS, clinical pathology. Topics: TB HIV flowchart and PITC.</li> <li>- Bekasi District Hospital, Sept 6, participants: 10, from HIV and DOTS units (doctors, nurses, admin staffs)</li> </ul> <p>This mentoring is to follow up the problem in TB-HIV record and report. This hospital did not report for TB and HIV because there was no staff to do the job. Advocacy to the hospital director resulted in assignment of 1 administration staff. The mentoring resulted in the completion of TB-HIV report for Q1 and Q2, high percentage of HIV testing among TB patients, and TB screening among PLHIV.</p> <ul style="list-style-type: none"> <li>- technical assistance for TB-HIV record and report was provided to 7 districts in West Java. Three out of 7 districts did not have TB-HIV collaboration data, due to confusion on HIV report. During the mentoring questions and confusions were addressed, commitment was strengthened.</li> </ul> <p><b>North Sumatera</b></p> <p>TB CARE provided mentoring to Tanjung Morawa PHC and Deli Serdang hospital, 11-12 September 2012, 16 participants. Result/follow up: TB-HIV collaborative activities already running in the PHC, however the hospital needs more mentoring for TB-HIV management and record/report.</p> <p><b>Central Java:</b></p> <p>OJT for TB-HIV record/report for Cilacap, Banyumas and Margono hospital. Need follow up mentoring and to assure the facilities report to PHO.</p> <p><b>East Java:</b></p> <p>TB CARE facilitated PITC training and mentoring in Blitar, 4-6 September, 40 participants from DHO, Srengat, Wlingi hospital.</p> <p>Findings: Health staffs werer not well informed about TB-HIV coinfection, some misdiagnosis and missed opportunity were identified during the mentoring. The facilities also need mentoring in TB-HIV record and</p>
	<b>5.3.3</b>	International travel	FHI	52,874	 100%	Sep	2012	<p>Clinical mentoring for 6 doctors from Cipinang and Pondok Bambu detention centers, Banceuy, Nusa Kambangan, Malang, and Gintung Prisons was conducted in Bamrasnaradura Infectious Disease Institute, Nonthaburi, Thailand from 10-14 September 2012. Lessons learned:</p> <ul style="list-style-type: none"> <li>- The hospital and prisons we visited have a good TB IC, with triage, providing masks to those with cough, good ventilated waiting area and clinic/ward, as well as separation of HIV with TB patients.</li> <li>- The hospital had policy to test all TB patients for HIV since 2001, they have counselor in TB clinic.</li> <li>- The leadership and commitment from higher level is very important.</li> </ul>
	<b>5.3.4</b>	Develop and test SOP and internal linkage between MDR TB and HIV in ART Hospital	FHI	2,549	 100%	Jun	2012	<p>The SOP was finalized in this quarter, and translated into English. The SOP includes for internal linkage between MDR TB and HIV clinic, consists of SOP for diagnosis TB MDR in HIV patients, diagnosis HIV in TB MDR patients, treatment for TB MDR-HIV co-infection, follow up examination for TB MDR-HIV co-infection, recording and reporting system.</p> <p>In 12 June 2012 Draft SOP MDR-HIV was finalized by TB-HIV Persahabatan Hospital Working Group. SOP will be processed by Persahabatan Hospital and signed as formal SOP by Director and will be used in PMDT clinic also in CST clinic of Persahabatan Hospital.</p>
					 90%			

6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with	<b>6.1.1</b>	Workshop for evaluation of ACSM training and module	KNCV	6,956	 100%	May	2012	Workshop to update ACSM training curriculum and module was conducted in 2-4 July 2012 in Jakarta and was attended by ACSM training facilitators, Master Trainers, NTP (ACSM and HR focal point). The module will be used for ACSM training of trainers and ACSM trainings. Module printing will only be done based on training needs.
	<b>6.1.2</b>	Study on TB budget allocation in district level	KNCV	11,680	 100%	May	2012	TB budget allocation study is being carried out as the part of exit strategy development of CDC MoH for GF ATM fund under MSH/TBCARE I. While KNCV/TBCARE I is providing technical assistance. Result will be available at the end of July 2012.
















commensurate domestic financing and supported by the engagement of partners	6.1.3	Media Workshop (sensitize media, journalist to TB and TB MDR issues)	KNCV	5,858		100%	Feb	2012	Workshop to sensitize media on MDR-TB was attended by 20 journalists from national and local media. These journalists also carried site visit to one of PMDT site. This activity involved Public Communication Center.
	6.1.4	World TB Day Campaign Event	KNCV	62,444		100%	Apr	2012	Conduct fun bike and fun walk in Jakarta and involved Layanan Kesehatan Cuma-Cuma from a local NGO (free health services) and successfully drew 8000 people to participate and drew media attention.
	6.1.5	Development of Advocacy materials	KNCV	33,365		0%	Aug	2012	International TA from Netty Kamp (KNCV) to assist the development of advocacy materials was originally planned to be delivered in September 2012, but due to limited time, this activity was cancelled and planned in APA3.
	6.1.6	ACSM Training of Trainer	KNCV	30,136		100%	Sep	2012	This activity was conducted in Bandung 23-30 September 2012 and was attended by 23 participants (11 males, 12 females) from 20 provinces. They are TB programmers and health promotion focal points. The participants became ACSM trainers and co-trainers and will be responsible for TB socialization to health promotion and ACSM-health promotion workplan integration.
	6.1.7	Supervision & Monitoring ACSM of activities	KNCV	2,340		75%	Sep	2012	This activity was originally planned for 3 visits to assess implementation of TB village station. However due to time limitation and other priorities of NTP, this activity was only conducted to 2 provinces, i.e. NAD (12-15 June 2012) and Papua (25 October 2011). The visits revealed that Papua is not ready for TB village post implementation, while NAD is ready. GF will follow up with cadre training and infrastructure preparation to optimize TB detection by TB village station program.
	6.1.8	Conduct a study on economic loss due to TB, develop results into an advocacy tool for the NTP, Provinces and Districts, and disseminate tool to all levels	MSH	49,524		75%	Aug	2012	Tool completed and reviewed by NTP. Report will be written in October. NTP has requested that we consolidate with 6.1.10 tool and train surveillance advisory group as ToT to use tools and conduct national training. Proposed Zina do ToT in December.
	6.1.9	Strengthening and expanding planning and budgeting skills and systems (based on the Central Java pilot) to increase local governmental funding for TB	MSH	86,691		25%	Sep	2012	Initial data collected on use of insurance revenue and on planning and budgeting issues. Work to be continued in APA 3.
	6.1.10	Conducting detailed cost and financing analyses of an expanded district TB program including the use of GeneXpert and a prison/MDR-TB program	MSH	37,533		75%	Aug	2012	Tool completed and reviewed by NTP and Central Java MOH. Some additional data being collected. Report will be written in October. NTP has requested that we consolidate with 6.1.8 tool and train surveillance advisory group as ToT to use tools and conduct national training. Proposed Zina do ToT in December.
	6.1.11	TB CARE I partner meetings	ATS	34,394		100%	Sep	2012	An ATS representative attended partner meetings as well as M&E meetings.
	6.1.12	TB CARE I consensus meeting for APA 3	KNCV	22,589		100%	Jun	2012	TBCARE I consensus meeting was conducted in 19 June 2012 and attended by all TBCARE I partners including NTP, other directorates such as Medical Services, Medical Support, Logistics; universities and professional organizations like medical association. The consensus meeting was preceded and followed by several small meetings among TBCARE I partners resulting in APA3 workplan document that was submitted to PMU and the Mission in September 2012.
		Futher developing and testing the strategy for generating increased revenue	MSH			Cancelled			Duplicated below
	6.1.13	Developing an implementation plan for the NTP exit strategy	MSH	13,406		75%	Sep	2012	M&E system developed for monitoring TB financing and data collected. Data will serve as baseline for implementation plan. and was used in preparation of NTP Director presentation at Beijing HSR conference and KL Union conference. Data to be entered into NTP databases next quarter.
	6.1.14	Further developing and testing the strategy for generating increased revenue	MSH	63,125		50%	Sep	2012	Some data collected and discussions with MOH task team and insurance companies commenced.
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>	
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.1	Conduct Advanced Course for DOTS Acceleration (ACDA) and evaluation of the course	KNCV	88,083		25%	Aug	2012	ACDA training consists of 3 phases. First phase was conducted in 9-16 September 2012 and was attended by 25 participants (11 males, 18 females) from 20 TB programmers from 20 provinces, NTP, and TBCARE I staffs. The first phase provided participants knowledge and skills to assess program performance and is followed by currently ongoing internship in phase 2 (23 Sep - 3 Nov) and evaluation in phase 3 (2-9 December 2012).
	6.2.2	Leadership and programme management training in low DOTS performance provinces and districts	WHO	31,155		0%	Jun	2012	Carry forward to APA 3 with revision as per request from NTP. Actually the plan would be implemented in Q4, but given the training modules needs to be adapted which took place in mid August 2012 and then accredited in September 2012 then the training will start with National TOT in Q1 2012-2013.
	6.2.3	Leadership and programme management post training supervision in low DOTS performance provinces and districts	WHO	12,481		0%	Sep	2012	See 6.2.2

6.2.4	Review and update training material: leadership and programme management training in low DOTS performance provinces and districts	WHO	12,327		100%	Jul	2012	Done and product delivered in August 2012 and ready to be used in the postpone training (see 6.2.2). The review meeting conducted at Bandung on second week of August, attended by NTP staffs related with HRD and surveillance, MoH HRD unit (PPSDM), National TB trainer and representative of Provincial Training Team. Result: Updated version of curricula and training material for leadership and management training; Certification from PPSDM for this training and training material had acquired.
6.2.5	Develop curriculum and modules	WHO	10,517		100%	Dec	2011	Training curriculum and the modules have been updated for TB capacity building in line with the national TB guideline. There are 18 types of TB training for improvement of TB HR.
6.2.6	World TB Day	WHO	11,300		100%	Mar	2012	TBCARE I supported World TB Day Commemoration for National Symposium at Menara 165.
6.2.7	International TA for HRD	WHO	14,690		100%	Sep	2012	Ms Karin Bergstrom from WHO HQ visited on February 2012 to provide TA in the updated HR development system and method. Her following visit in June provided essential inputs for PMDT HRD strategy. An assessment for PMDT training material was completed as a basis for updating. The last visit, though not funded through TB CARE, complemented the activity.
6.2.8	International meeting/conferences	KNCV	32,900		100%	Sep	2012	Support was provided to 2 TORG members/researchers (Pandu Riyono and Farid) for a prevalence survey training in Bangkok, Thailand 26 June - 3 July 2012. These fellows will be highly involved in Indonesia TB prevalence survey that will start in November 2012. Other international meeting and conferences supported by TBCARE I under APA2 are as follows: - International TB Clinical Course for 1 male, 1 female in Bangkok - IUATLD in Lille (October 2011) for 1 male, 2 female - PSM training in Bangkok for 1 male - Lab training in Bangkok for 1 male, 2 female - Annual global laboratory conference for 1 female - USAID rule and regulation training in Kenya for 1 female - Participation in 2nd TB global symposium in Beijing (for November 2012) for 1 male, 1 female - Registration of 14 participants (7 male, 7 female) in IUATLD Kuala Lumpur (November 2012)
6.2.9	International meeting/workshop	WHO	10,170		100%	Sep	2012	The funding available will be utilized as funding resources for IUATLD congress at KL, November 2012. Based on NTP request, 5 MoH staff will attend the congress. NTP Manager, MDR focal point and WHO NPO will attend WHO organized meetings (PPM, PMDT, ACSM, IC and others) and TB CARE meeting organized in conjunction with KL Union Meeting.
6.2.10	Internal TA for HRD activities	WHO	41,961		0%	Sep	2012	The recruitment of NPO 2 is on the process and will be continued in APA3, no in country travel reported.
6.2.11	Provide Technical Assistance	WHO	8,875		100%	Sep	2012	Ongoing activities and completed as planned. The progress of this activity is continuous technical assistance in previous quarters.
6.2.12	Workshop / course on influencing, networking and Partnership (carried forward from APA1)	The Union		Cancelled		May	2012	Replaced with activity "Advanced training of trainers for master trainers Batch 3". Approved by USAID/Mission April 2012. See activity 6.2.25.
6.2.13	Design Standardized TB Curriculum in medical schools in Indonesia (carried forward from APA1)	The Union	33,572		100%	Jun	2012	Workshop on evaluation of integration of TB in competency based medical curriculum in Indonesia was conducted on June 13, 2012, attended by representatives from 15 medical schools in Indonesia, MoH, NTP, TBCTA, etc. Total attendants was 39 (22 male and 17 female attendants). This activity resulted in report on progress evaluation, challenges and lessons learnt in integration of TB into medical curriculum and action points to enhance integration of TB in medical curriculum.
6.2.14	Comprehensive Course on Clinical Management of Drug Resistant Tuberculosis	The Union	75,554		100%	Sept	2012	The course was conducted on Sept 24-28, 2012 in Surabaya, with 31 participants (12 male, 19 female), facilitated by dr Ignacio Monedero and dr Sarabjit S. Chadha from The Union, along with local facilitators from NTP, WHO, Persahabatan Hospital, Saiful Anwar Hospital, and Dr. Soetomo Hospital. The course provided a detailed review of epidemiologic, biologic, clinical, laboratory, diagnosis, the best approach for the treatment and programmatic components of drug resistant tuberculosis. The course covered all modules as scheduled, and the majority of planned exercises while generating high levels of satisfaction among participants. The difference in pre- and post-test results and great concern showed during the frequent questions formulated during the course demonstrate that the participants gained new knowledge and acquired useful techniques for MDR-TB diagnose and treatment.
6.2.15	Advanced Training -of-Trainers for master trainers Batch II	The Union	57,978		100%	Feb	2012	ToT batch 2 was conducted on Feb 20-24, 2012, in Solo, with 16 participants.
6.2.16	Advanced course on Public-Private Mix DOTS	The Union		Cancelled			2012	This activity is cancelled and reprogrammed to APA3
6.2.17	Refresher TB Course for university lecturers	The Union	49,681		100%	Sept	2012	The course was conducted on Sept 19-22, 2012 in Yogyakarta, with 21 participants (11 female, 10 male) from 20 medical school in Indonesia. Facilitators of this course were experts from UGM (5 person), UI (1 person), Unpad (1 person), NTP (1 person) and external facilitator (dr Sanjeev Nair). Topics related to TB from basic, clinical and public health aspects were delivered through interactive lectures and discussions. At the end, participants were divided into three groups to discuss and develop draft of TB related moduls. Result of this course: 1) updated TB knowledge of lecturers from medical school, whose coordinating TB materials in their respective medical faculty curriculum, 2) draft of TB modules to be developed further.

	<b>6.2.18</b>	Implementation and adaptation of the PCA package which consist of five tools (QUOTE TB Light, Tool to Estimate Patient Costs, TB/HIV Literacy Tool, Patient Charter and Practical Guide to Improve Quality Patient Care) by involving NGO	KNCV	58,085		25%	Jun	2012	Generic PCA tools and questionnaire are ready to use. One research assistant and 5 enumerators are recruited to conduct the data collection, analysis and prepare the report.
	<b>6.2.19</b>	International TA	KNCV	36,956		0%	Sep	2012	This activity is related to Netty Kamp's visit (KNCV HQ) that was rescheduled to APA3. See activity 6.1.5.
	<b>6.2.20</b>	Staff Capacity Building	KNCV	59,211		100%	Sep	2012	Internal capacity building was held for 13 new staffs (2 male, 11 female) with basic knowledge on TB program, TBCARE I program, and technical skill/knowledge depending on the field of work they would be assigned on. These staffs are now functioning 100% in TBCARE I in various positions (PPM and PMDT technical officers, TBCARE I project coordinator, provincial coordinator and provincial M&E officer). Other capacity building activity provided during APA2 are as follows: - Two weeks TB program management training: 1 male, 1 female - Four days internal PMDT capacity building - Registration for USAID rule and registration training in Bangkok, Thailand for 1 male, 1 female - Mentoring for PMDT TO in Labuang Baji hospital: 1 female
	<b>6.2.21</b>	Leadership and progame management training in low DOTS performance provinces and districts.	WHO	28,250		0%	Sep	2012	See 6.2.2.
	<b>6.2.22</b>	Socialization of National HRD Action Plan and development of provincial training plan for 5 selected provinces.	WHO	13,483		100%	Sep	2012	Completed, conducted in Bandung, in April 2012. Participated by the NTP of HRD group including of GF TB, TB master trainers, WHO, NTP partners ( BPPSDM & Training Center for Health) and PTC of 31 provinces. 31 Draft Plan of Action of PTT has been developed.
	<b>6.2.23</b>	Facilitate coordination between NTP and BPPSDM	WHO	4,109		100%	Mar	2012	Conducted in Bandung in April 2012 after the provincial training team workshop, to have the same perception between NTP, BPPSDM and partners in the TB HRD. Participated by the same group of 6.2.22 minus 31 provinces and plus NGO (Aisyah, School of PH Univ. Indonesia, IMA, FHI). Resulting in consensus to conduct coordination meeting between NTP & BPPSDM on 6 monthly basis, to conduct mentoring of prov.PTT and effort to put TB HRD in the TB Health Information System.
	<b>6.2.24</b>	Mentoring implementation of HR plans	WHO	3,853		100%	Jun	2012	Completed in July-September 2012; 6 provinces were visited by Team of HRD Unit of NTP: Aceh, North Sumatra, West Sumatra, South Kalimantan, South Sulawesi, and North Sulawesi. Conducted by HRD team central level: NTP and PPSDM. Result: improve understanding on the HDR plan & its implementation.
	<b>6.2.25</b>	Advanced Training of Trainers Batch 3	The Union	55,864		100%			This is a new activity requested by the NTP and approved by USAID on 17 April 2012. The ToT Batch 3 has been conducted on May 14-18, 2012, in Bali. Number of participants: 14, from 13 provinces (mostly from provinces that haven't been involved in the 1st and 2nd batch of ToT).
						<b>74%</b>			

7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	<b>7.1.1</b>	Monthly coordination meeting	KNCV	7,300		Sep	2012	Monthly coordination meeting among TBCARE I partners was conducted in national level.
	<b>7.1.2</b>	Biannual internal coordination meeting	KNCV	46,125		Sep	2012	Up to date, TBCARE has participated in one national level TB program monitoring and evaluation meeting in January and July 2012. TBCARE I contributed in various activities in the meeting such as national TB data validation. An internal meeting of lead partner was also conducted in April 2012.
	<b>7.1.3</b>	Implementation of TB web based RR to 2 pilot provinces	KNCV	13,587		Sep	2012	Initially, TB web based recording and reporting system (RR) or so called SITT (Integrated Tuberculosis Information System) was planned to be implemented in 2 pilot provinces but by NTP request the implementation was expanded into all provinces in Indonesia (33). TBCARE I supported SITT training to districts TB supervisors in Jambi province on June 13-14. Attended by 13 people (Female: 4; Male: 9). Support will also be provided for DKI province July 2012. The system was developed in a way that is not too heavy to load even for poor internet connection. In late June 2012, TBCARE I supported NTP in the finalization of the data collection and data uploading in (SITT phase 1) system to comply with condition precedents of GF ATM. To date, SITT is implemented in 33 provinces. TB data are available for 1st and 2nd quarter of 2012 for more than 91% and 73% of all districts in Indonesia (respectively).
	<b>7.1.4</b>	Develop mechanism for routine reporting in TB-community setting	KNCV	2,546		Sep	2012	This activity was cancelled by NTP due to other priority
	<b>7.1.5</b>	Socialization of DR Sentinel surveillance to 1 pilot area	KNCV	3,710		Sep	2012	This activity has been cancelled as the activity will be conducted in December 2012 and GF will fund the activity

7.1.6	Protocol development for sentinel surveillance for HIV among TB patients	KNCV	13,543		0%	Apr	2012	TBCARE supported NTP in developing protocol for sentinel surveillance for HIV among TB patients through 2 meetings organized by KNCV in Jakarta : 1) on August 1 - 2, 2012 to develop draft of protocol and develop action plan for TB-HIV surveillance. This meeting was participated by 17 people from NTP, NAP, FHI and WHO 2) on August 29 - 30, 2012 to finalize the protocol and develop the next plan. This meeting was participated by 15 people from NTP, NAP, FHI and WHO
7.1.7	Finalize the ultimate changes required and agreed upon for the e-TBM drug management module and related reports	MSH	43,297		90%	Sep	2012	e-TB manager medicine module still needs some adjustments, new requests were made during Q4. The requested customizations requested will be uploaded by e-TB manager team in MSH to get feedback from e-TB manager team consisting of NTP and KNCV.
7.1.8	Develop a dashboard of key indicators to be selected, informed and extracted from the e-TBM	MSH	17,710		75%	Sep	2012	Dashboard indicators are still under development, in addition to the previously developed ones, NTP requested focus on the e-TB implementation indicators
7.1.9	Revise and update the user's manual to comply with the frozen operational version	MSH	5,533		100%	Sep	2012	This is a joint activity between MSH and KNCV. The handbook was updated 19-21 September 2012 in Bogor by a team consisted of TBCARE partners (WHO, KNCV, MSH) and NTP. The handbook is now available in softcopy. No printing will be done. See activity 8.1.7.
7.1.10	Technical review of overall activity implementation for APA2 and technical planning for APA3	MSH	25,773		75%	Sep	2012	Due to different upcoming scenarios regarding the system's implementation process there were severe changes on the planning for APA3
7.1.11	Discuss with NTP and FLDs management team the possibility to set up a pilot to explore the usefulness and relevance of using e-TBM for FLDs in one site	MSH	18,886		0%	Sep	2012	Will be re-programmed - current status of other systems development yet unclear, articulation needed to take a decision
7.1.12	Provide regular and ad-hoc support in e-TB Manager use; continue to assist NTP and KNCV in e-TBM troubleshooting remotely	MSH	9,079		75%	Sep	2012	As agreed during last mission, we'll need to have a closer work with NTP's staff. We need to guarantee the sustainability within NTP as this is a key goal for us on transferring the knowledge to NTP's team. Our remote support is still very important to avoid misunderstandings regarding e-TB manager's capacity.
7.1.13	Conduct on-site visits to evaluate the use of e-TBM with final users, KNCV and NTP to identify the main challenges and adapt accordingly to the training materials. Evaluation workshop July 2012	MSH	74,914		65%	Jul	2012	6 units are currently using the system. During last STTA on-site visits were planned however several discussions linked to the PMDT program implementation and e-TB manager role on it, turned impossible the conduction of on-site visits
7.1.14	Participate in the upcoming trainings to provide support for e-TBM expansion to new sites as planned according to PMDT expansion plan	MSH	9,687		80%	Sep	2012	Trainings still pending since only 6 using e-TB manager. Pending, since PMDT's expansion plan is not contemplating e-TB manager's training.
7.1.15	Meeting to review, evaluate & finalize guideline of HIV surveillance in TB patients	FHI	27,021		100%	Mar	2012	FHI 360 drafted the technical guideline for HIV surveillance among TB patients. The workshop to review and finalize the draft were conducted on August 1-2 and 29-30 August 2012, in Jakarta. Participants were from NTP, NAP, WHO dan FHI 360. Results: 1. Finalized technical guideline. Initially, 14 facilities in 6 districts from 6 provinces were selected as sentinel sites by NTP and NAP with assistance from FHI 360. All agreed to conduct the survey with linked confidential method where the result of all patients tested for HIV will be notified, and those diagnosed with HIV will be referred for/provided with further management. Health staffs will offer HIV testing using PITC approach to all adult TB patients. 2. Timelines for activities were developed 3. NTP, NAP, and TB CARE discussed and agreed on budget sharing for this activity. Follow up: preparation for advocacy meeting with Provincial Health Office where sentinel sites are located, preparation for logistics and training.
7.1.16	Training HIV surveillance in TB patients at selected sites	FHI	1,320		0%	Mar	2012	This activity is cancelled and was agreed with NAP and NTP to start implementing TB-HIV sentinel surveillance next year (reprogrammed to APA3).
7.1.17	Support NTP to validate data in selected provinces	WHO	14,412		100%	Jun	2012	Completed, Last Provincial data validation were conducted during National Meeting (Solo Feb 2012 and Lombok July 2012). Since mid of 2012, NTP with support from TB CARE partners and fund from GF change approach the mechanism to validate the TB data from Provincial level. By implementing SITT, National ME team could monitor and take necessary action to validate the data from Provincial and district level by monitor the data uploaded into the system. A built in mechanism within SITT could validate the data automatically for all levels, negated the need to conduct manual data validation.
7.1.18	Support in generating TB data for Global Report	WHO	5,675		100%	Jun	2012	Data from Indonesia was completely submitted for the WHO global TB data collection system before the due date of May 16.
















	7.1.19	Support in developing forms for routine recording and reporting for TB program including TB-HIV	WHO	10,954		100%	Jun	2012	Final forms for routine RR for TB-HIV have been updated and starting to be implemented.
	7.1.20	Support in developing guidelines on routine recording and reporting for TB program including TB-HIV	WHO	8,342		100%	Jun	2012	National guideline on routine TB-HIV RR have been developed.
	7.1.21	Support in DRS sentinel (1)	WHO	660		0%	Aug	2012	The post field visit follow up meeting for sentinel DRS was conducted in 4th week of June 2012, using GF funding. A review meeting to revise and finalize the sentinel protocol had conducted in first week of September. The translation of document will be funded through another resources.
	7.1.22	Support in DRS sentinel (2)	WHO	14,442		100%	Sep	2012	The meeting to revise and finalize protocol on DRS sentinel had conducted at Bogor, 6-8 September. Attended by 22 participants from NTP (surveillance team, PMDT team and Laboratory team), 4 PHO staffs from sentinel area (DKI, East Java, South Sulawesi and Bali), BLK Surabaya and FKUI Lab and TB CARE partners (WHO, KNCV and FHI). Result: Protocol for DRS sentinel scale up plan had been revised and finalized, this document will be used for DRS sentinel expansion in 2013 which will involve 2 new provinces (West Java and North Sumatera)
	7.1.23	Support preparation of TB prevalence survey	WHO	5,899		100%	Sep	2012	WHO country office provide in country technical assistance during the finalization process of survey protocol, questionnaire and field manual as requested by NIHRD which intensify after Thailand study visit. In mid of September, Dr Irwin from HQ, deliver TA to assist NIHRD conducted pilot testing at Salemba prison and community pilot at Cempaka Putih sub district in Jakarta and evaluate the survey protocol. Dr. Onozaki deliver further assistance on Field testing of protocol, develop survey manual and problem solving.
	7.1.24	TA from HQ for prevalence survey	WHO	7,345		100%	Mar	2012	Dr Ikushi Onozaki held consultative meetings from 26-30 March with NIHRD and NTP colleagues to discuss the protocol for prevalence study and making initial preparations. A floor plan for prevalence study and team composition were also discussed during the visit.
	7.1.25	Develop MIS software for data base for the trainees and post training evaluation	WHO	29,906		0%	Jun	2012	Cancelled by NTP in favour of SITT development which include the development of HRD data base. However, TA had been provided by WHO staff in the development of SITT as request by NTP, including in several Provincial training for SITT implementation (North Sumatera, South Sulawesi).
	7.1.26	Technical assistance to DRS (1)	WHO	7,345		100%	Feb	2012	TA from HQ for DRS implementation to support the finalization of East Java DRS Report. There is no country visit materialized during APA2 period, however, a continuing TA have been provided by Dr. Matteo signal through intensive remote communication with Indonesian DRS team. The final report still on progress, waiting some confirmation result from laboratory.
	7.1.27	Technical assistance to DRS (2)	WHO	5,650		0%	Mar	2012	The activity is cancelled. Until the last quarter of APA 2 period there is no international training/ workshop for MoH staff related with Drugs resistance survey.
	7.1.28	Provide technical assistance to design and develop protocol for prevalence survey.	WHO	12,995		100%	Feb	2012	Based on request from the DG, MoH and NTP these funds were reprogrammed for visit of Phillipe Glaziou and Charalampos Sismanidis (7.2.7) to undertake analysis of available epidemiological data and prevalence studies to project the trend of disease burden. The visit took place from 13-17 February and included a consensus building workshop within the country. The support also will be given for additional MoH staff to Thailand for observation visit on 26 June - 3 July 2012.
	7.1.29	Observation visit to Thailand TB prevalence survey	WHO	8,475		100%	Mar	2012	Completed, team from Indonesia consisting of 6 people (2 female, 4 males, two of them were supported with KNCV/TBCARE I budget line, see activity 6.2.8) visiting Thailand to learn about National TB Prevalence survey, 26 June-3 July 2012.
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>	
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.1	Technical meeting for the development of TB web based Recording & Reporting (RR)	KNCV	5,728		0%	Aug	2012	TBCARE supported the meeting held in Jakarta on July 24-26, 2012 to define algorithm for TB cases and logistics for further improvement of phase 2 SITT (TB Integrated Information System) as a result of condition precedent from Global Fund in 2013. This meeting was participated by 16 people from NTP, FHI, KNCV and MSH. It was expected that phase 2 SITT will include at least 4 modules (cases, logistics, lab and human resources). Next plan : NTP and TBCARE will conduct meeting to review 4 modules in October 2012
	7.2.2	Training of trainer	KNCV	4,327		100%	Jun	2012	-TBCARE I involved in the National ToT for Central team as the preparation of SITT implementation in provincial and district level on June 1 in Jakarta and participated by 13 people (female : 7, male : 6). -TBCARE I facilitated in the ToT on SITT, participated by: 76 persons including NTP staff (central, provincial TB supervisors and provincial data & information officers), FHI, KNCV and SITT developer on June 6-9 in West Java. The objective was to intro+I282duce and train provincial TB supervisors in using SITT phase 1. TBCARE conducted TB Data Management Course in Jakarta on September 24-26 2012 with Nico Kalisvaart and Edine Tiemmerma (KNCV consultants) as facilitators. This course was attended by 17 (9 Female 9 and 8 Male) from NTP, Pusdatin (Center for data and information-MoH), FHI and KNCV The objective of this training was to improve competencies in case based data management like routine TB surveillance data and survey data; to collect and validate surveillance and survey data and prepare data files for analysis, research and reporting. Next plan : NTP is expected to develop data management manual as foundation for further development of phase 2 SITT

7.2.3	Design the model of a regular epidemiological report to be issued with data from the e-TBM and to be disseminated among NTP and PMDT actors	MSH	6,111		75%	Sep	2012	Reports are currently being developed by NTP's programmer following the requests and templates required from NTP's technical team
7.2.4	Workshop to develop TOR for procurement of software development	FHI	1,903		75%	Sep	2012	The meeting was postponed to next week, funded by The Global Fund. During Q4, a team to support NTP for further planning of SITT (TB Information System) was organized. This team will assist NTP to: - develop a specification of the consultant/party who will further develop the SITT software - assure that all information/data needed by the program will be accommodated in the SITT - develop a document for phase 2 development. TB CARE partners responsible for each module in the system. In Q4, several meetings and discussions were organized by FHI 360 to discuss on case-based module (MDR-TB, 1st line drugs, TB-HIV).
7.2.5	Training for Piloting software	FHI	34,047		100%	Sep	2012	TB CARE facilitated and participated in SITT workshops conducted in West Java and North Sumatra. In Bogor, West Java, 26 district TB managers attended the workshop held on 16-17 July, and 33 districts TB managers in North Sumatra attended the workshop held on 12-15 August 2012, Medan. Result: district TB managers can operate SITT and upload TB data using the system. Follow up: support provincial TB managers to evaluate the result.
7.2.6	Software Guidelines and protocol development	FHI	2,561		100%	Sep	2012	TB CARE/FHI 360 facilitated meetings (September 16, 18, 20, 21, and 24, in Jakarta) for updating phase 1 SITT system and the guideline. Participants were 7 from NTP and FHI 360. Findings/results: • Double entry/data were identified, hence improvement in script programming is needed • Correction is also needed on the formula to count TB-HIV indicators • Improvement is needed in TB 03 electronic in order to accommodate for 2000 TB cases. Follow up: • Double entry/data were removed and replaced with the updated data.
7.2.7	Support operation of TA	WHO	7,345		100%	Mar	2012	Based on request from the DG, MoH and NTP to have Dr Phillipe Glaziou and Dr Charalampos Sismanidis (7.1.28) to undertake analysis of available epidemiological data and prevalence studies to project the trend of disease burden. The visit took place from 13-17 February and included a consensus building workshop within the country.
7.2.8	MIFA trainings and follow up supervision (1)	WHO	58,958		100%	Mar	2012	The first MIFA training conducted in East Nusa Tenggara, 25-31 March 2012. Participants for this training: 4 Provincial TB officer and 21 District TB officer (total 25 participants, 11 females, 14 males). The most interesting training agenda for participants: a. Manual mapping based on regular TB data b. Data quality control c. Data management (SIMK) d. Data analysis e. Feedback to health centre f. Sharing experience g. Action plan development Next plan: Post training evaluation 3 and 6 months after training, first evaluation will be conducted by 1 National facilitator and 2 PHO staffs to selected districts (TBD with PHO); Development of Post training checklist.
7.2.9	MIFA trainings and follow up supervision (2)	WHO	28,483		0%	Sep	2012	Carry forward to APA3 with revision. NTP decided to change the approach. As mentioned in 6 pillars policy on PPM, MIFA training should be implemented in whole country to strengthen the local capacity on program management. NTP had shifted the budget for MIFA training in provincial level to GF. WHO will conduct national training of trainers (ToT) using modules adapted and accredited in September 2012.
7.2.10	Post training evaluation of MIFA (1)	WHO	3,177		0%	Mar	2012	Carry forward in APA 3 to evaluate the impact of MIFA training in East Nusa Tenggara.
7.2.11	Post training evaluation of MIFA (2)	WHO	6,012		0%	Jun	2012	Carry forward in APA 3 revised as Technical assistance activities to support MIFA training at selected provinces
7.2.12	Post training evaluation of MIFA (3)	WHO	2,862		0%	Sep	2012	Carry forward in APA 3 revised as Technical assistance activities to support MIFA training at selected provinces
7.2.13	Internal TA for Surveillance activities	WHO	38,873		100%	Dec	2011	Ongoing activities and completed as planned. The activity is in progress by providing TA in past quarters.
7.2.14	Provide Technical Assistance	WHO	8,875		100%	Jun	2012	Ongoing activities and completed as planned. The activity is in progress by providing TA in past quarters.



	7.2.15	International TA from KNCV HQ	KNCV	32,175	100%	Sep	2012	TBCARE supported NTP in capacity building through the mission of Nico Kalisvaart (KNCV consultant for Data Management) which was held on September 18-27, 2012 to prepare and conduct a TB Data Management Course in Jakarta with KNCV epidemiologist, Edine Tiemmersma. During his mission, Nico also discussed with KNCV data manager on APA3 work plan and met with NTP manager for debriefing and next mission to conduct training for provincial level. TBCARE supported NTP in capacity building through the mission of Nico Kalisvaart (KNCV consultant for Data Management) which was held on September 18-27, 2012 to prepare and conduct a TB Data Management Course in Jakarta with KNCV epidemiologist, Edine Tiemmersma. During his mission, Nico also discussed with KNCV data manager on APA3 work plan and met with NTP manager for debriefing and next mission to conduct training for provincial level
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operational research	7.3.1	Support operational for TORG	KNCV	17,751	100%	Sep	2012	Coordination meeting among TORG members was conducted 6 times (October, November 2011, February, March, July, August 2012) to discuss OR workplan and studies progress. This activity resulted in the progression of OR studies and also research guidebook and research compilation book.
	7.3.2	Support the establishment of TORG website	KNCV	2,686	75%	Jun	2012	TORG website still needs to be filled with information about TB research publications, research opportunities, and research related events. Content management will be NTP's responsibility with assistance from TBCARE I. However, the website can already be accessed at <a href="http://www.torg.or.id">www.torg.or.id</a> .
	7.3.3	Access to International TB Journal or publications	KNCV	280	100%	Sep	2012	Access to International Journal of Tuberculosis and Lung Disease (IJTLD) has been provided for 9 TORG members and 1 for TBCARE I.
	7.3.4	Workshop on policy brief and effective advocacy from research results	KNCV	14,476	100%	Sep	2012	Will be conducted in Q4 for 10 research articles (4-5 September 2012)
	7.3.5	Workshop for International publication writing skills	KNCV	14,476	0%	Sep	2012	This activity is planned to prepare researchers to write their research result for international level publication. This activity is cancelled due to limited research publications eligible for international publication.
	7.3.6	Support participation of researchers in international TB conferences .	KNCV	14,700	75%	Sep	2012	Support is provided for TORG to participate in IUATLD in Kuala Lumpur, Malaysia, 12-16 November 2012. To date, TORG members (8 males, 3 females) has been registered as IUATLD participants. Accommodation and transport are also prepared. The rest of activity due APA3.
	7.3.7	Workshop on developing TB operational research proposal including support for the implementation of the researchs .	KNCV	77,388	100%	May	2012	Workshop was conducted for batch 9 in May-June 2012. Research proposals are now under review. Research process for batch 9 is expected to start in APA3.
	7.3.8	Supporting selected research projects based on the priority topics	KNCV	104,794	100%	Mar	2012	Research proposals were selected. This support resulting in the conduction of batch 7-8 research.
	7.3.9	International TA from HQ	KNCV	79,548	100%	Mar	2012	Edine Tiemersma's mission in 12-22 March 2012 includes technical assistance to Bali Province TORG and for Genotype MTBDRplus study and project.
	7.3.10	Workshop for analysis and reporting of Operational Research Group Batch 7 & 8	KNCV		0%	Sep	2012	This activity is cancelled and reprogrammed in APA3 due to late start in operational research implementation
	7.3.11	Conduct supervision and facilitate the OR group on Batch 7 and 8	KNCV	6,090	60%	Sep	2012	The whole activity could not be conducted due to late start of OR studies.
	7.3.12	Operational Research batch 7 and 8 implementation (from APA1)	KNCV	59,566	50%	Sep	2012	Operational research is being conducted with TBCARE I support. Topics include TB-HIV collaboration, PMDT, TB in children, and TB education. Among all 5 research proposals, a topic about private practitioner engagement is still in subcontracting process. This activity will be continued in APA3.
					67%			

8. Drug supply and management						Planned		
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1	Ensure logistic system Implemented	KNCV	11,493	100%	Jun	2012	Support quality assurance of FLD in provincial, district and health facility level. Drug sample was taken and delivered to BPOM, further activities are handed over to GF.
	8.1.2	Increasing knowledge and skill on general logistic and Drug Management	KNCV	6,356	100%	Sep	2012	This activity resulted in trainers on logistics in provincial and district level consisting of TB managers and staff from pharmacy installation.
	8.1.3	Increasing knowledge and skill on managing second line TB drug	KNCV	13,308	100%	Sep	2012	Training on SLD management was participated by 46 people (male 17, female 29) from West Java and North Sumatra. The training was conducted in Bandung, 17-19 September 2012. These people will be responsible for managing SLD in 2 PMDT sites (RS Hasan Sadikin Bandung and RS Adam Malik Medan).
	8.1.4	Increasing knowledge and skill on managing second line TB drug	KNCV	27,533	0%	Sep	2012	This activity could not be conducted due to delayed PMDT expansion. Cancel this activity and include it in APA3.

	<b>8.1.5</b>	Ensure availability of infrastructures for implementation e-TB Manager software	KNCV	17,519		100%	Sep	2012	A total of 25 PCs and 25 internet modems were procured for 5 provinces (North Sumatra, West Java, DIY, Bali, South Sulawesi). In each province, 5 PCs and 5 internet modems are distributed to PHO, DHO, hospital, laboratory, and pharmacy
	<b>8.1.6</b>	Updated ETB Manager Handbook	KNCV	4,763		100%	May	2012	This is a joint activity between KNCV and MSH. The handbook was updated 19-21 September 2012 in Bogor by a team consisted of TBCARE partners (WHO, KNCV, MSH) and NTP. The handbook is now available in softcopy. No printing will be done. See activity 7.1.9.
	<b>8.1.7</b>	Ensure Training Module for SLD is updated	KNCV	8,135		100%	Mar	2012	SLD training module was updated and finalized in 7-8 Mar 2012. Module will go through editing layout then will be used for SLD training in April 2012 (see activity 8.1.2)
	<b>8.1.8</b>	Printing and distribution logistic handbook	KNCV	7,008		100%	May	2012	Logistic handbook was distributed to all provinces to guide logistic management
	<b>8.1.9</b>	Printing and distribution etb Manager Handbook	KNCV	1,051		75%	May	2012	See activity 8.1.6, eTB manager handbook will not be printed but is available and will be distributed in soft copy.
	<b>8.1.10</b>	Ensure cold chain is maintained for 2ndline drugs when necessary i.e PAS	KNCV	5,256		100%	May	2012	Drug boxes for storing SLD were procured for hospital and referral health centers, refrigerators were procured for hospitals
	<b>8.1.11</b>	Ensure ediquate supply of MDR TB medicines to MDR treatment sites and esure patient friendly supply system for daily medicine	KNCV	5,256		100%	May	2012	Drug boxes were procured in provincial level
	<b>8.1.12</b>	Increasing knowledge and skill about e-TB Manager software	KNCV	24,775		75%	Sep	2012	Provincial and district health office, hospital and laboratory were trained for e-TB manager for 3 provinces, Bali, DIY and West Java.
	<b>8.1.13</b>	Support for the NTP in addressing SSF GFATM coniditions precedent and associated dealings with GFATM	MSH	81,136		100%	Jul	2012	All four PSM conditions precedent / special terms and conditions completed as of July 2012. QA SOP's at the POE and implementation plan finalized with BPOM, BINFAR and NTP.
	<b>8.1.14</b>	Finalize the outsourcing process for inbound logistics for FLD & SLD. Support the NTP in the ongoing management of this activity	MSH	9,520		100%	Sep	2012	Agreement for SLD third party storage contracted July 2012. GF indicated fulfillment of relevant condition precedent.
	<b>8.1.15</b>	Support the supply chain HR (PtD) projects as led by CHAI and JSI/DELIVER	MSH	4,760		100%	Sep	2012	Participation in the September 2012 JSI central warehouse assessment and contribution of sections addressing systems (Andy Marsden)and finance (Hafidz) sections. Design of Provincial warehouse & TB logistics assessment tools, also completed. A QA workshop was run on 4th July 2012 in Jakarta seeking to finalize the QA SOP's at Port of Entry. It was attended by 9 personnel aside from TBCARE, the presenters, representing BINFAR, BPOM, KNCV and NTP. There were 6 female participants & 3 male participants.
	<b>8.1.16</b>	System Design - provide inputs to the recording and reporting system as agreed will be utilized for FLD	MSH	4,760		100%	Sep	2012	Inputs made to the design of the SITT logistics system, phase one, due to conclude on 30th September 2012, in order to include complete overview of national stock position.
	<b>8.1.17</b>	Forecasting capacity - FLD & SLD	MSH	9,964		50%	Jun	2012	SLD forecasting postponed pending e-TBM September 2012 systems decision-making.
	<b>8.1.18</b>	Drug Management calendar	MSH	4,760		25%	Dec	2011	Quarterly supplies review meeting formally requested by TBCARE to NTP; first meeting due Oct 2012.
						<b>85%</b>			



## Quarterly MDR-TB Report

Country	Indonesia
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Period	July-September 2012
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### MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
2009	34	20
2010	182	142
2011	326	248
Jan-Sep 2012	428	288
Total	970	698

From March 2012 onwards, data include patient diagnosed by GeneXpert  
Data source: TB MDR.07

## Quarterly GeneXpert Report

<b>Country</b>	<b>Indonesia</b>
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<b>Period</b>	<b>July-September 2012</b>
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**Table 1: GeneXpert instruments and cartridges procured or planned by**

	Procured			# still planned	Month, Year procurement
	Jan-Dec 2011	Jan-Sept 2012	Cumulative		
# GeneXpert Instrumen	17		17	0	0
# Cartridges	1700	1000	2700	0	0

**Table 2: Cumulative List of GeneXpert Instruments Procured to Date or**

Status	Instrument	# of Modules	Location	USG Funding Source	Comments
Procured	1	4	Microbiology, FM UI, Jakarta	USAID	Partner: KNCV TBCARE
Procured	2	4	Persahabatan Hospital, Jakarta	USAID	Partner: KNCV TBCARE
Procured	3	4	Pengayoman Hospital, Jakarta	USAID	Partner: KNCV TBCARE
Procured	4	4	Hasan Sadikin Hospital, Bandung	USAID	Partner: KNCV TBCARE
Procured	5	4	Soetomo Hospital, Surabaya	USAID	Partner: KNCV TBCARE
Procured	6	4	Moewardi Hospital, Solo	USAID	Partner: KNCV TBCARE
Procured	7	4	Saiful Anwar Hospital, Malang	USAID	Partner: KNCV TBCARE
Procured	8	4	Labuang Baji Hospital, Makassar	USAID	Partner: KNCV TBCARE
Procured	9	4	BBLK Surabaya	USAID	Partner: KNCV TBCARE
Procured	10	4	BLK Bandung	USAID	Partner: KNCV TBCARE
Procured	11	4	Karyadi Hospital, Semarang	USAID	Partner: KNCV TBCARE
Procured	12	4	Cilacap Hospital, Cilacap	USAID	Partner: KNCV TBCARE
Procured	13	4	Sanglah Hospital, Bali	USAID	Partner: KNCV TBCARE
Procured	14	4	NEHCRI Lab, Makassar	USAID	Partner: KNCV TBCARE
Procured	15	4	Microbiology, FM UGM, Yogya	USAID	Partner: KNCV TBCARE
Procured	16	4	Adam Malik Hospital, Medan	USAID	Partner: KNCV TBCARE
Procured	17	4	BLK Papua, Jayapura	USAID	Partner: KNCV TBCARE

**Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned**

Already procured or still planned?	Order #	# of Cartridges	Location(s) (facility name and city/ province or TBD)	USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup>	Comments
Procured	1	1700	TBD	USAID	
Planned	2	1500	TBD	Global Fund	
Procured	3	1000	TBD	USAID	Cartridges arrived in country
5 GeneXpert sites started operating: (1) Microbiology FM UI Jakarta, (2) Persahabatan Hosp. Jakarta, (3) Moewardi Hosp. Solo and (4) Soetomo Hosp. Surabaya (5) Hasan Sadikin, Hosp. Bandung					

**Problems encountered in utilization**

So far there is no significant technical problem in using of GeneXpert machine. MoH got administrative problem in procurement of cartridges and stock out is happened since 12 August 2012. TBCARE I support to fill the gap by procured 1000 cartridges. Limitedness of MDR TB treatment centre is contribute significantly in placement of the rest machine. GeneXpert placement only can be done at sites where treatment of MDR TB already available or at least have linked with MDR TB treatment

**Technical assistance provided**

External technical assistance by TBCARE I and Supranational TB reference lab (IMVS/SA Pathology, Australia). During APA2, Sanne van Kampen (TBCARE I) visited twice in January and May 2012, IMVS visited three times (Richard Lumb in October 2011 and May 2012, Lisa Shepherd in June 2012).

## Photo Album



National Action Plan and TB IC Guidelines Book



Patient Gathering in RS Persahabatan Jakarta



TB Microscopy fixation training in Cibinong prison



Sputum booth in Banceuy prison



Our MDR patient in prison hospital (Pengayoman Hospital) is getting better



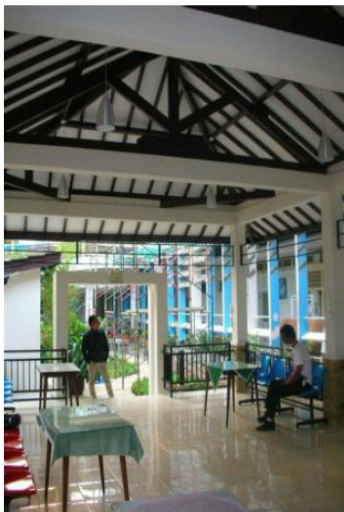
HDL M&E meeting in East Java



TB-IC socialization meeting in East Java



Renovated PMDT outpatient clinic in Persahabatan hospital 1



Renovated PMDT outpatient clinic in Persahabatan hospital 2



Hand washing area in renovated PMDT outpatient clinic in Persahabatan hospital



On-the-job training for HDL in Gereja Baptis hospital in Kediri, East Java



# Inventory List of Equipment - TB CARE I



TB CARE I

<b>Organization:</b>	<b>TB CARE I</b>
<b>Country:</b>	<b>Indonesia</b>
<b>Reporting period:</b>	<b>July-September 2012</b>
<b>Year:</b>	<b>APA 2</b>

Description (1)	ID numbers (2)	Acquisition date (3)	Acquisition cost (4)	V.A.T (5)	Location (6)	Condition (7)	Disposition date (8)	Title held by (9)	Insurance policy number	Insurance Policy #
New	HP Proliant ML330G6		13,500,000		KNCV Indonesia	Good				
GeneXpert IV	GXIV-4N1-6	707548	12-Jul-11	18,898	Microbiology FK-UI	Good				
GeneXpert IV	GXIV-4N1-6	707990	12-Jul-11	18,898	Hasan Sadikin Hospital	Good				
GeneXpert IV	GXIV-4N1-6	707985	12-Jul-11	18,898	Hospital	Good				
GeneXpert IV	GXIV-4N1-6	707835	12-Jul-11	18,898	Soetomo Hospital	Good				
GeneXpert IV	GXIV-4N1-6	707989	12-Jul-11	18,898	Moewardi Hospital	Good				
GeneXpert IV	GXIV-4N1-6	707553	12-Jul-11	18,898	BLK Bandung	Good				
GeneXpert IV	GXIV-4N1-6	707547	12-Jul-11	18,898	KNCV Indonesia	Good				
GeneXpert IV	GXIV-4N1-6	707554	12-Jul-11	18,898	KNCV Indonesia	Good				
GeneXpert IV	GXIV-4N1-6	707556	12-Jul-11	18,898	KNCV Indonesia	Good				
GeneXpert IV	GXIV-4N1-6	707557	12-Jul-11	18,898	KNCV Indonesia	Good				
GeneXpert IV	GXIV-4N1-6	707979A	12-Jul-11	18,898	KNCV Indonesia	Good				
GeneXpert IV	GXIV-4N1-6	707980A	12-Jul-11	18,898	KNCV Indonesia	Good				
GeneXpert IV	GXIV-4N1-6	707981A	12-Jul-11	18,898	KNCV Indonesia	Good				
GeneXpert IV	GXIV-4N1-6	707986A	12-Jul-11	18,898	KNCV Indonesia	Good				
GeneXpert IV	GXIV-4N1-6	707987A	12-Jul-11	18,898	KNCV Indonesia	Good				
GeneXpert IV	GXIV-4N3-6	707840	12-Jul-11	19,398	KNCV Indonesia	Good				
GeneXpert IV	GXIV-4N3-6	707838	12-Jul-11	19,398	KNCV Indonesia	Good				
PC HP Presario CQ3622L			22-Jul-11	4,800,000	BPPM	Good				
Printer All in One	Printer HP Photosmart B110	CNOBP3H0LV	21-Jul-11	1,075,000	BPPM	Good				
FAX	Cannon JX210P	S/N: ABLT038389	21-Jul-11	1,000,000	BPPM	Good				
Laptop	HP Probook U 230S	CNU124354R	11-Oct-11	930	KNCV Indonesia	Good				
Laptop	HP Probook U 230S	CNU12434VF	11-Oct-11	930	KNCV Indonesia	Good				
Laptop	HP Probook U 230S	CNU12438Z5	11-Oct-11	930	KNCV Indonesia	Good				
External HD	Seagate 500 GB	2GHWRL75			KNCV Indonesia	Good				
Modem Fax CDMA External + Flexi Card	Huawei FWT ETS1201	S96RAF17C2317212	4-Nov-11	2,450,000	KNCV Indonesia	Good				
License Software	Kaspersky IS 2011 - 3 User	H529K-1NW1F-1QJXG-BY81F			KNCV Indonesia	Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD10010874	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD10010757	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD10010720	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD10010863	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD10010725	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD10010722	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM21VOD10010759	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD10019048	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD10019066	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD10019050	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD10019051	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD10019053	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD10019059	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD10019055	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD10019058	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD10019052	30-Sep-11	528		Good				
UPS	Riello UPS Sentinel Pro SEP 1000 - 1000VA/800W	MM37VOD10019062	30-Sep-11	528		Good				

Stavol	Stavol Matsunaga SVC-1000F	B0908090	30-Sep-11		IDR 2.000.000	Country Office Jakarta	Good					
Stavol	Stavol Matsunaga SVC-1000F	B1004141	30-Sep-11		IDR 2.000.000	Country Office Jakarta	Good					
Stavol	Stavol Matsunaga SVC-1000F	B0908055	30-Sep-11		IDR 2.000.000	Country Office Jakarta	Good					
Stavol	Stavol Matsunaga SVC-1000F	B0908015	30-Sep-11		IDR 2.000.000	Country Office Jakarta	Good					
Stavol	Stavol Matsunaga SVC-1000F	B0908087	30-Sep-11		IDR 2.000.000	Country Office Jakarta	Good					
Modem Fax CDMA External + Flexi Card (021) 70804827	EvaFax	none					Good					
Notebook	ASUS U46SV-WX039D	B8N0AS049110 31C	16-Mar-12		IDR 8.390.400	Country Office Jakarta	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS049022 319	16-Mar-12		IDR 8.390.400	Country Office Jakarta	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS049050 31C	16-Mar-12		IDR 8.390.400	Country Office Jakarta	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS049027 312	16-Mar-12		IDR 8.390.400	Country Office Jakarta	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS049070 31H	16-Mar-12		IDR 8.390.400	Country Office Jakarta	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS04B933 315	16-Mar-12		IDR 8.390.400	Country Office Jakarta	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS049071 319	16-Mar-12		IDR 8.390.400	Country Office Jakarta	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS049101 317	16-Mar-12		IDR 8.390.400	Country Office Jakarta	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS049009 319	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048952 314	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048983 31C	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048961 31B	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048965 316	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048917 314	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048942 317	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048924 318	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS049007 316	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS049190 316	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048962 311	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048958 31A	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048932 310	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048971 317	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048927 312	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048968 31B	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048914 318	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048923 31C	16-Mar-12		Rp8,390,400	KNCV RO	Good					
Notebook	ASUS U46SV-WX039D	B8N0AS048949 31B	16-Mar-12		Rp8,390,400	KNCV Indonesia	Good					
PC HP Pressario CQ 4168L + Modem Hwawei		KNCV/SRKT/1-039-001	1-Jan-11			Moewardi Hospital	Good					
PC HP Pressario CQ 4168L + Modem Hwawei		KNCV/SRKT/1-039-002	1-Jan-11			Moewardi Hospital	Good					
Lemari Obat (Kaca) Kecil		KNCV/SRKT/3-020-001	2 March 2011		Rp295,000	PMDT Office, Moewardi Hospital	Good					
Refrigerator (Sputum)		KNCV/SRKT/3-029-001	27 March 2011		Rp1,100,000	PMDT Office, Moewardi Hospital	Good					
Filling Cabinet		KNCV/SRKT/0-017-001	27 March 2011		Rp1,900,000	PMDT Office, Moewardi Hospital	Good					
Office Desk (1)		KNCV/SRKT/0-004-001	27 March 2011		Rp483,000	PMDT Office, Moewardi Hospital	Good					
Office Desk (2)		KNCV/SRKT/0-004-002	27 March 2011		Rp483,000	PMDT Office, Moewardi Hospital	Good					
Computer Desk		KNCV/SRKT/0-004-003	27 March 2011		Rp391,000	PMDT Office, Moewardi Hospital	Good					
Chair ERGO (1)		KNCV/SRKT/0-011-001	27 March 2011		Rp860,000	PMDT Office, Moewardi Hospital	Good					
Chair ERGO (2)		KNCV/SRKT/0-011-002	27 March 2011		Rp860,000	PMDT Office, Moewardi Hospital	Good					
Telephone & Fax Machine		KNCV/SRKT/2-054-001	27 March 2011		Rp1,350,000	PMDT Office, Moewardi Hospital	Good					
Printer		KNCV/SRKT/1-038-001	24 March 2011		Rp809,000	PMDT Office, Moewardi Hospital	Good					
MP-3 Player (Hypnotherapy)		KNCV/SRKT/3-031-001	24 March 2011		Rp200,000	PMDT Office, Moewardi Hospital	Good					
Head Set (Hypnotherapy)		KNCV/SRKT/3-031-002	25 March 2011		Rp75,000	PMDT Office, Moewardi Hospital	Good					

Desk		KNCV/SRKT/0-004-004	4 April 2011		Rp306,000		PMDT Office, Moewardi Hospital	Good					
Office chair		KNCV/SRKT/0-011-003	4 April 2011		Rp185,000		PMDT Office, Moewardi Hospital	Good					
Office chair		KNCV/SRKT/0-011-004	4 April 2011		Rp185,000		PMDT Office, Moewardi Hospital	Good					
Fan		KNCV/SRKT/1-022-001	7 April 2011		Rp270,000		PMDT Office, Moewardi Hospital	Good					
Bed		KNCV/SRKT/3-115-001	19 April 2011		Rp1,400,000		PMDT Office, Moewardi Hospital	Good					
Filling Cabinet		KNCV/SRKT/0-017-002	9 May 2011		Rp1,900,000		PMDT Office, Moewardi Hospital	Good					
Filling Cabinet		KNCV/SRKT/0-017-002	9 May 2011		Rp1,900,000		PMDT Office, Moewardi Hospital	Good					
White board		KNCV/SRKT/1-025-001	9 May 2011		Rp875,000		PMDT Office, Moewardi Hospital	Good					
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-005	4 April 2011		Rp483,000		Banyuanyar Health Unit	Good					
Office chair		KNCV/SRKT/0-011-005	4 April 2011		Rp185,000		Banyuanyar Health Unit	Good					
Office chair		KNCV/SRKT/0-011-006	4 April 2011		Rp185,000		Banyuanyar Health Unit	Good					
Fan		KNCV/SRKT/1-022-002	7 April 2011		Rp270,000		Banyuanyar Health Unit	Good					
Bed		KNCV/SRKT/3-115-002	19 April 2011		Rp1,400,000		Banyuanyar Health Unit	Good					
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-006	4 April 2011		Rp483,000		Pajang Health Unit	Good					
Office chair		KNCV/SRKT/0-011-006	4 April 2011		Rp185,000		Pajang Health Unit	Good					
Office chair		KNCV/SRKT/0-011-007	4 April 2011		Rp185,000		Pajang Health Unit	Good					
Fan		KNCV/SRKT/1-022-003	7 April 2011		Rp270,000		Pajang Health Unit	Good					
Bed		KNCV/SRKT/3-115-003	19 April 2011		Rp1,400,000		Pajang Health Unit	Good					
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-007	4 April 2011		Rp483,000		Sibela Health Unit	Good					
Office chair		KNCV/SRKT/0-011-007	4 April 2011		Rp185,000		Sibela Health Unit	Good					
Office chair		KNCV/SRKT/0-011-008	4 April 2011		Rp185,000		Sibela Health Unit	Good					
Fan		KNCV/SRKT/1-022-004	7 April 2011		Rp270,000		Sibela Health Unit	Good					
Bed		KNCV/SRKT/3-115-004	19 April 2011		Rp1,400,000		Sibela Health Unit	Good					
Office desk (Meja 1/2 Biro)		KNCV/SRKT/0-004-008	4 April 2011		Rp483,000		BBKPM Surakarta	Good					
Office chair		KNCV/SRKT/0-011-008	4 April 2011		Rp185,000		BBKPM Surakarta	Good					
Office chair		KNCV/SRKT/0-011-009	4 April 2011		Rp185,000		BBKPM Surakarta	Good					
Fan		KNCV/SRKT/1-022-005	7 April 2011		Rp270,000		BBKPM Surakarta	Good					
Bed		KNCV/SRKT/3-115-005	19 April 2011		Rp1,400,000		BBKPM Surakarta	Good					
PC HP Pressario CQ 4168L + Modem Hwawei		CNX 02200KK	1-Jan-11	681	681		Syaiful Anwar Hospital	Good					
PC HP Pressario CQ 4168L + Modem Hwawei		CNX 02200KP	1-Jan-11	681	681		Syaiful Anwar Hospital	Good					
PC HP Pressario CQ 4168L + Modem Hwawei		CNX 02200L6	1-Jan-11	645	645		Malang District Health Office	Good					
PC HP Pressario CQ 4168L + Modem Hwawei	CNX 02200BW	KNCV/SMRG/1-039-004	1-Jan-11		645		Central Java Province Health Office	Good					
PC HP Pressario CQ 4168L + Modem Hwawei	S/N CNX 02200LD	KNCV/SRKT/1-039-003	1-Jan-11		681		Surabaya District Health Office	Good					
PC HP Pressario CQ 4168L + Modem Hwawei	S/N CNX 02200LD	KNCV/SRKT/1-039-003	1-Jan-11	681	681		Surakarta District Health Office						
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	183.7667	184		Microbiology FK-UI	Good					
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	183.7667	184		Microbiology FK-UI	Good					
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	183.7667	184		Microbiology FK-UI	Good					
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	183.7667	184		Microbiology FK-UI	Good					
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	183.7667	184		Microbiology FK-UI	Good					
GenoType MTBDR Plus		Cat. No.30496	25-Mar-11	183.7667	184		Microbiology FK-UI	Good					
LCD Projectors		AZWJ10300327	28-Mar-11		US\$ 1,650	N/A	FHI Indonesia	Good					
LCD Projectors		AZWJ10300348	28-Mar-11		US\$ 1,650	N/A	FHI Indonesia	Good					
Laptop		2NMB4Q1	9-Apr-12	1400			Papua Office	Good					
Laptop		3DMB4Q1	9-Apr-12	1400			Papua Office	Good					
Laptop		9LDKBS1	9-Apr-12	1400			North Sumatra Office	Good					
LCD Projector		InFocus IN-1126	28-Sep-12	1495			Country Office	Good					
LCD Projector		InFocus IN-1126	28-Sep-12	1495			Country Office	Good					
LCD Projector		InFocus IN-1112	28-Sep-12	1195			Country Office	Good					
Camera		OM-DE-M5	6-Sep-12	13250000			Country Office	Good					



Safety Money Box	Sentry Safe	TBCARE I-001	7-Jan-12		IDR 2.459.000,00	BLK Jawa Barat	Good				
Clock	Rolens	TBCARE I-002	8-Jan-12		IDR 45.000,00	BLK Jawa Barat	Good				
USB Flash Drive	Transcend	TBCARE I-003	10-Jan-12		IDR 90.000,00	BLK Jawa Barat	Good				
Portable HDD	Toshiba	TBCARE I-004	10-Jan-12		IDR 890.000,00	BLK Jawa Barat	Good				
Desk Top PC	accor	TBCARE I-005	11-Jan-12		IDR 8.500.000,00	BLK Jawa Barat	Good				
UPS	Prolink	TBCARE I-006	11-Jan-12		IDR 400.000,00	BLK Jawa Barat	Good				
Small Safety Box	SRM	TBCARE I-007	13-Jan-12		IDR 265.900,00	BLK Jawa Barat	Good				
MAP West Java	CV.Indoprima	TBCARE I-008-1	26-Jan-12		IDR 16.500,00	BLK Jawa Barat	Good				
MAP Indonesia	PT. Fitra	TBCARE I-008-2	26-Jan-12		IDR 35.000,00	BLK Jawa Barat	Good				
Sig Board	Bp. Andrianto	TBCARE I-009	27-Jan-12		IDR 450.000,00	BLK Jawa Barat	Good				
Printer Laser Jet	HP	TBCARE I-010-1	30-Jan-12		IDR 870.000,00	Kota Bandung	Good				
Printer Laser Jet	HP	TBCARE I-010-2	30-Jan-12		IDR 870.000,00	PHO West Java	Good				
Printer Laser Jet	HP	TBCARE I-010-3	30-Jan-12		IDR 870.000,00	Kota Cimahi	Good				
Printer Laser Jet	HP	TBCARE I-010-4	30-Jan-12		IDR 870.000,00	Kab.Subang	Good				
Printer Laser Jet	HP	TBCARE I-010-5	30-Jan-12		IDR 870.000,00	Kota sukabumi	Good				
Printer Laser Jet	HP	TBCARE I-010-6	30-Jan-12		IDR 870.000,00	Kota Bogor	Good				
Printer Laser Jet	HP	TBCARE I-010-7	30-Jan-12		IDR 870.000,00	Kota Ciamis	Good				
Printer Laser Jet	HP	TBCARE I-010-8	30-Jan-12		IDR 870.000,00	Kota Cirebon	Good				
UPS	Prolink	TBCARE I-011	31-Jan-12		IDR 3.120.000,00	7 District & PHO West Java	Good				
Swich Hub	D Link	TBCARE I-012	31-Jan-12		IDR 1.120.000,00	7 District & PHO West Java	Good				
Desk Top PC	ASUS AS CM 6730	TBCARE I-013	3-Feb-12		IDR 4.550.000,00	Kota Bandung	Good				
Desk Top PC	ASUS AS CM 6730	TBCARE I-014	3-Feb-12		IDR 4.550.000,00	PHO West Java	Good				
Desk Top PC	ASUS AS CM 6730	TBCARE I-015	3-Feb-12		IDR 4.550.000,00	Kota Cimahi	Good				
Desk Top PC	ASUS AS CM 6730	TBCARE I-016	3-Feb-12		IDR 4.550.000,00	Kab.Subang	Good				
Desk Top PC	ASUS AS CM 6730	TBCARE I-017	3-Feb-12		IDR 4.550.000,00	Kota sukabumi	Good				
Desk Top PC	ASUS AS CM 6630	TBCARE I-018	3-Feb-12		IDR 4.550.000,00	Kota Bogor	Good				
Desk Top PC	ASUS AS CM 6630	TBCARE I-019	3-Feb-12		IDR 4.550.000,00	Kota Ciamis	Good				
Desk Top PC	ASUS AS CM 6630	TBCARE I-020	3-Feb-12		IDR 4.550.000,00	Kota Cirebon	Good				
Portable HDD	Toshiba	TBCARE I-021	6-Feb-12		IDR 1.670.000,00	BLK Jawa Barat	Good				
Printer	HP 5225DN	TBCARE I-022	8-Feb-12		IDR 18.575.000,00	BLK Jawa Barat	Good				
Mini Keyboard	BLG	TBCARE I-023	21-Feb-12		IDR 100.000,00	BLK Jawa Barat	Good				
Desk Top PC Accer	Accer M3970	TBCARE I-024	7-Mar-12		IDR 8.500.000,00	BLK Jawa Barat	Good				
Small table	Ace Hardware	TBCARE I-026	4-May-12		IDR 389.000,00	BLK Jawa Barat	Good				
UPS	Prolink	TBCARE I-027	9-May-12		IDR 400.000,00	distric	Good				
Wireless USB Adaptor	TP-LINK	TBCARE I-028	9-May-12		IDR3,6725.000,00	distric	Good				
Stool Chair	Informa	TBCARE I-029	22-May-12		IDR 597.000,00	BLK Jawa Barat	Good				
Filling cabinet	VIP	TBCARE I-030	22-May-12		IDR 950.000,00	BLK Jawa Barat	Good				
Partition for Distric Health Office	Local Carpenter	TBCARE I-031	18-Jun-12		IDR 2.150.000,00	Kab. Ciamis	Good				
Partition for Distric Health Office	Local Carpenter	TBCARE I-032	21-Jun-12		IDR 1.620.000,00	Kota Cirebon	Good				

Partition for Distric Health Office	Local Carpenter	TBCARE I-033	25-Jun-12		IDR 622.000,00		Kota Bandung	Good				
Partition for Distric Health Office	Local Carpenter	TBCARE I-034	11-Jul-12		IDR 1.800.000,00		Kota Sukabumi	Good				
Partition for Distric Health Office	Local Carpenter	TBCARE I-035	13-Jul-12		IDR 700.000,00		Kab. Subang	Good				
Office chair		KNCV/JKT-0-011-030	8-May-12	KNCV/JK T-0-011-	Rp949,000		werehouse	good				
Office chair		KNCV/JKT-0-011-031	8-May-12	KNCV/JK T-0-011-	Rp949,000		werehouse	good				
Office chair		KNCV/JKT-0-011-032	8-May-12	KNCV/JK T-0-011-	Rp949,000		werehouse	good				
Office chair		KNCV/JKT-0-011-033	8-May-12	KNCV/JK T-0-011-	Rp949,000		werehouse	good				
Office chair	black	KNCV/JKT-0-011-034	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-035	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-036	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-037	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-038	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-039	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-040	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-041	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-042	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-043	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-044	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-045	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-046	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-047	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-048	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-049	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-050	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-051	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-052	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-053	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-054	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-055	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-056	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black	KNCV/JKT-0-011-057	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black/red	KNCV/JKT-0-011-058	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black/red	KNCV/JKT-0-011-059	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black/red	KNCV/JKT-0-011-060	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black/red	KNCV/JKT-0-011-061	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black/red	KNCV/JKT-0-011-062	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black/red	KNCV/JKT-0-011-063	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black/red	KNCV/JKT-0-011-064	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Office chair	black/red	KNCV/JKT-0-011-065	30-Jul-12	KNCV/JK T-0-011-	Rp750,000		KNCV RO	new				
Meeting room chair	black	KNCV/JKT-0-010-066	30-Jul-12	KNCV/JK T-0-010-	Rp585,000		KNCV RO	new				
Meeting room chair	black	KNCV/JKT-0-010-067	30-Jul-12	KNCV/JK T-0-010-	Rp585,000		KNCV RO	new				
Meeting room chair	black	KNCV/JKT-0-010-068	30-Jul-12	KNCV/JK T-0-010-	Rp585,000		KNCV RO	new				
Meeting room chair	black	KNCV/JKT-0-010-069	30-Jul-12	KNCV/JK T-0-010-	Rp585,000		KNCV RO	new				
Meeting room chair	black	KNCV/JKT-0-010-070	30-Jul-12	KNCV/JK T-0-010-	Rp585,000		KNCV RO	new				
Meeting room chair	black	KNCV/JKT-0-010-071	30-Jul-12	KNCV/JK T-0-010-	Rp585,000		KNCV RO	new				
Meeting room chair	black	KNCV/JKT-0-010-072	30-Jul-12	KNCV/JK T-0-010-	Rp585,000		KNCV RO	new				
Meeting room chair	black	KNCV/JKT-0-010-073	30-Jul-12	KNCV/JK T-0-010-	Rp585,000		KNCV RO	new				
Meeting room chair	black	KNCV/JKT-0-010-074	30-Jul-12	KNCV/JK T-0-010-	Rp585,000		KNCV RO	new				



White board		KNCV/JKT-0-025-144		KNCV/JKT-0-025-		KNCV RO	good					
Working desk	120*75	KNCV/JKT-0-004-153	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-154	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-155	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Drawer		KNCV/JKT-0-136-159	10-Jul-12	KNCV/JKT-0-136-	Rp884,000	KNCV RO	new					
Drawer		KNCV/JKT-0-136-160	10-Jul-12	KNCV/JKT-0-136-	Rp884,000	KNCV RO	new					
Drawer		KNCV/JKT-0-136-161	10-Jul-12	KNCV/JKT-0-136-	Rp884,000	KNCV RO	new					
Book Shelf		KNCV/JKT-0-018-163	21-Jul-12	KNCV/JKT-0-018-	Rp1,009,000	KNCV RO	new					
Working desk		KNCV/JKT-0-004-164	16-Jul-12	KNCV/JKT-0-004-	Rp2,025,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-171	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-172	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-185	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Book Shelf		KNCV/JKT-0-018-191	30-Jul-12	KNCV/JKT-0-018-	Rp1,237,500	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-193	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-194	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-195	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-196	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Working desk		KNCV/JKT-0-004-198	10-Jul-12	KNCV/JKT-0-004-	Rp776,000	KNCV RO	new					
Side desk		KNCV/JKT-0-005-199	10-Jul-12	KNCV/JKT-0-005-	Rp640,000	KNCV RO	new					
Office desk connection		KNCV/JKT-0-123-200	10-Jul-12	KNCV/JKT-0-123-	Rp364,000	KNCV RO	new					
Drawer		KNCV/JKT-0-136-201	10-Jul-12	KNCV/JKT-0-136-	Rp640,000	KNCV RO	new					
Drawer		KNCV/JKT-0-136-202	10-Jul-12	KNCV/JKT-0-136-	Rp884,000	KNCV RO	new					
Working desk		KNCV/JKT-0-004-206	10-Jul-12	KNCV/JKT-0-004-	Rp776,000	KNCV RO	new					
Side desk		KNCV/JKT-0-005-207	10-Jul-12	KNCV/JKT-0-005-	Rp640,000	KNCV RO	new					
Office desk connection		KNCV/JKT-0-123-208	10-Jul-12	KNCV/JKT-0-123-	Rp364,000	KNCV RO	new					
Drawer		KNCV/JKT-0-136-209	10-Jul-12	KNCV/JKT-0-136-	Rp640,000	KNCV RO	new					
Work station desk		KNCV/JKT-0-004-218	10-Jul-12	KNCV/JKT-0-004-	Rp2,416,667	KNCV RO	new					
Work station desk		KNCV/JKT-0-004-219	10-Jul-12	KNCV/JKT-0-004-	Rp2,416,667	KNCV RO	new					
Work station desk		KNCV/JKT-0-004-220	10-Jul-12	KNCV/JKT-0-004-	Rp2,416,667	KNCV RO	new					
Work station desk		KNCV/JKT-0-004-221	10-Jul-12	KNCV/JKT-0-004-	Rp2,416,667	KNCV RO	new					
Work station desk		KNCV/JKT-0-004-222	10-Jul-12	KNCV/JKT-0-004-	Rp2,416,667	KNCV RO	new					
Work station desk		KNCV/JKT-0-004-223	10-Jul-12	KNCV/JKT-0-004-	Rp2,416,667	KNCV RO	new					
Work station desk		KNCV/JKT-0-004-224	10-Jul-12	KNCV/JKT-0-004-	Rp2,416,667	KNCV RO	new					
Work station desk		KNCV/JKT-0-004-225	10-Jul-12	KNCV/JKT-0-004-	Rp2,416,667	KNCV RO	new					
White board / flip chart		KNCV/JKT-0-025-230	20-May-12	KNCV/JKT-0-025-	Rp640,000	KNCV RO	good					
Screen		KNCV/JKT-0-134-232	28-May-12	KNCV/JKT-0-134-	Rp1,500,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-252	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-253	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-254	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Working desk	120*75	KNCV/JKT-0-004-255	10-Jul-12	KNCV/JKT-0-004-	Rp1,235,000	KNCV RO	new					
Lemari Arsip		KNCV/SMG-0-018-141	26 April 2012	1605000	Rp1,605,000	Poli PMDT, RSDM	Good					
Refrigerator (show case)	SHARP SCH 210 PS	KNCV/SMG-0-029-142	12 May 2012	2225500	Rp2,225,500	Pharmacy Unit, RSDM	Good					
Lemari Status		KNCV/SMG-0-018-024	2 Juli 2012	2 Juli 2012	Rp875,000	RS Dr. Soetomo	Good					
Meja Kerja		KNCV/SMG-0-004-025	2 Juli 2012	2 Juli 2012		RS Dr. Soetomo	Good					
Brankas kecil		KNCV/SMG-0-017-026	2 Juli 2012	2 Juli 2012		KNCV East Java Office	Good					
LCD Projector	InFocus IN-1112	BHTJ13100319	25-Sep-12	1195	IDR 12.980.000	Country Office Jakarta	Good					
LCD Projector	InFocus IN-2126	BKMB21300028	25-Sep-12	1495	IDR 14.450.000	Country Office Jakarta	Good					
Projector Wireless	Liteshow 3	BHKX11900154	25-Sep-12		IDR 5.480.000	Country Office Jakarta	Good					

Projector ScreenWall	BriteScreen 84"		25-Sep-12		IDR 4.400.000		Country Office Jakarta	Good				
PABX Main Unit	Panasonic KX-TDA100D	2BACE017433	8-Aug-12		US\$ 1,775		Country Office Jakarta	Good				
Auto-Attendant System	Yosin EVM-200X	293400	8-Aug-12		US\$ 270		Country Office Jakarta	Good				
Key Digital Telephone	Panasonic KX-DT333	2INDC333804	8-Aug-12		US\$ 198		Country Office	Good				
Key Digital Telephone	Panasonic KX-DT333	2INDC333802	8-Aug-12		US\$ 198		Country Office	Good				
Key Digital Telephone	Panasonic KX-DT333	2INDC333803	8-Aug-12		US\$ 198		Country Office	Good				
DSS Console	Panasonic KX-DT390X-B	2INDC390801	8-Aug-12		US\$ 219		Country Office Jakarta	Good				
Single Line Telephone	Panasonic KX-TS500MX	1KCL1178072	8-Aug-12		US\$ 15		Country Office Jakarta	Good				
Single Line Telephone	Panasonic KX-TS500MX	1KCL1178172	8-Aug-12		US\$ 15		Country Office Jakarta	Good				
Cordless Phone	Panasonic KX-TG1311CX	1KAQA087139	8-Aug-12		US\$ 130		Country Office Jakarta	Good				
PC Desktop	Lenovo ThinkCentre A70	S5CHCNF	24-Aug-12		IDR 6.320.000		West Java	Good				
Monitor	Lenovo D186	V1VT506						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2436524						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5CHAGT	24-Aug-12		IDR 6.320.000		West Java	Good				
Monitor	Lenovo D186	V1NT258						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2436577						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5CHCRD	24-Aug-12		IDR 6.320.000		West Java	Good				
Monitor	Lenovo D186	V1WP691						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2436961						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5DARHM	24-Aug-12		IDR 6.320.000		West Java	Good				
Monitor	Lenovo D186	V1WN935						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2429383						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5DARPF	24-Aug-12		IDR 6.320.000		West Java	Good				
Monitor	Lenovo D186	V1NT277						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2441126						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5CGZDR	24-Aug-12		IDR 6.320.000		DIY	Good				
Monitor	Lenovo D186	V1VT009						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2436584						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5DARHG	24-Aug-12		IDR 6.320.000		DIY	Good				
Monitor	Lenovo D186	V1WN868						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2420020						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5CGZPC	24-Aug-12		IDR 6.320.000		DIY	Good				
Monitor	Lenovo D186	V1WN925						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2437148						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5CGTPR	24-Aug-12		IDR 6.320.000		DIY	Good				
Monitor	Lenovo D186	V1WP741						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2425587						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5CGZNY	24-Aug-12		IDR 6.320.000		DIY	Good				
Monitor	Lenovo D186	V1TB346						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2436504						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5CGZGE	24-Aug-12		IDR 6.320.000		North Sumatra	Good				
Monitor	Lenovo D186	V1VT556						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2415960						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5CGZCT	24-Aug-12		IDR 6.320.000		North Sumatra	Good				
Monitor	Lenovo D186	V1WN881						Good				

Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2413039						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5CGZNW	24-Aug-12		IDR 6.320.000		North Sumatra	Good				
Monitor	Lenovo D186	V1NT094						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA1210301418						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				
PC Desktop	Lenovo ThinkCentre A70	S5CHAVY	24-Aug-12		IDR 6.320.000		North Sumatra	Good				
Monitor	Lenovo D186	V1NT272						Good				
Modem Broadband	HUAWEI E173Eu-1	6EA4CA11C2410627						Good				
Software (Windows + Office)	Ms Win 7 + Office 2010							Good				